

Circulating File

**HYPERACTIVITY, ATTENTION DEFICIT DISORDER
AND LEARNING DISABILITIES**

**A compilation of Extracts
from the Edgar Cayce Readings**

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HYPERACTIVITY CIRCULATING FILE

Circulating Files are collections of verbatim quotes of what Edgar Cayce said during his readings on a given subject or, in some cases everything. We have medical circulating files which focus on the over 9,000 health-related readings with subjects from Acidity-Alkalinity to Weight Loss. We also have non-medical circulating files on a broad range of topics, for example *Egypt: Sphinx, Pyramids, and Hall of Records*, *Fear and Its Far-Reaching Effects*, *Advice to Parents*, *Serving in Accord with Ideals*, and *Business Advice*.

Each circulating file is simply a collection of reading quotes or full readings given for different individuals on a similar subject or disease. The A.R.E. cannot and does not suggest treatments for physical ailments nor make claims about the effectiveness of the therapies. We encourage anyone working with the health readings to do so under a doctor's care and advice.

The circulating files support the research aspect of the Cayce work. We appreciate any feedback informing us of progress made in improving one's life or achieving good health by applying suggestions given in the readings. Please send any feedback (testimonies, experiences, results, etc.) to:

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Some circulating files contain commentaries or summaries written by physicians. These reports are to be used as a basis for further research in the form of controlled studies, and should not be misinterpreted to be either a refutation or an endorsement by the doctor. Referral doctors wanting to borrow a file for an extended period may do so by writing to the Library: Circulating File Desk.

Our hope is that through the Cayce readings you will find the wholeness and oneness which is God's plan for us.

Blessings, A.R.E. Member Services Team

There are in truth no incurable conditions.... 3744-2

This Circulating File consists of the Edgar Cayce psychic readings related to hyperactivity, attention deficit disorder (ADD) or learning disabilities – terms, however, not used in Cayce's lifetime. Research using suggestions from the readings are included.

The information is not intended for self-diagnosis nor self-treatment. Please consult a qualified health care professional before following any advice contained within this file.

Articles may be included because the information supports the remedies and therapies described in the Edgar Cayce readings or are of a helpful nature. Their inclusion does not imply endorsement or recommendation. Before following any advice contained in the articles, please seek the counsel of your doctor.

Products may be purchased from Baar Products, the official worldwide supplier of Edgar Cayce health care products: www.baar.com or call 800-269-2502.

**Hyperactivity, Attention Deficit Disorder (ADD)
and Learning Disabilities**

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5. Children: Abnormal, Vol. 1 & 2
6. Children: Guidance and Training (Research Bulletin)
7. Education: Handbook for Educating in the New Age
8. Ideals Series
9. Life Readings: Children, Vol. 1 – 18
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* Circulating Files & Research Bulletins are available from A.R.E. membership services at (800) 333-4499 or: <http://www.edgarcayce.org/circulating>

Introduction to the Cayce Readings on Health and Healing

No matter what illness or ailment concerns us, certain basic principles about health and healing are relevant. These are the premises upon which all of the Cayce health information rests. For those who would like to make a more careful study of these basic principles, the recommended Circulating File is entitled *Principles of Healing*. Here, in essence, are the ideas found in that file. They may prove to be very useful to your study of the specific ailment that requires healing for you.

The first fundamental idea about healing requires that we maintain a creative balance between two principles:

1. All healing comes from the infinite - that is, from attunement and harmony with our spiritual source. The infinite is just as accessible and available in the visible, physical world as it is in the invisible realm.
2. At the same time, each person must take responsibility for his or her own healing process. No one can simply sit back and wait passively for healing to occur.

This second principle - the need for self-responsibility - can take many forms. For example, healing requires attunement, and no one knows better than ourselves exactly what has gotten us out of attunement. Often, if we look closely at our lives, we can see (without needing a gifted medical clairvoyant such as Edgar Cayce) what's causing our illness.

To illustrate self-responsibility further, the human body has a marvelous, innate drive to heal itself, but we've got to do our part to help. A broken bone will naturally try to mend; however, the fracture needs to be set properly for the healing to be complete and effective. Cayce stresses the healing ability of the body:

Remember, the body does gradually renew itself constantly. Do not look upon the conditions which have existed as not being able to be eradicated from the system. . . Hold to that KNOWLEDGE - and don't think of it as just theory - that the body CAN, the body DOES renew itself! 1548-3

Another important principle relates to energy medicine, a new field for which Edgar Cayce was a pioneer. His readings consistently speak of the roles played by vibrations or vibratory forces - right down to the level of individual atoms. According to Cayce, there is a type of consciousness that exists in each atom. Although most of the passages about the atomic physics of healing seem rather esoteric, it might be easier to follow the analogy of the attunement of a stringed musical instrument. A violin or piano that is out of tune makes sour, discordant music - symbolic of disease or illness. Just as a skilled musician can bring the instrument back into attunement, we experience healing when our vibrations - right down to the atomic level - are adjusted in a correct manner. In essence, all healing is bringing the vibrations into harmony from within.

Balance among body, mind, and spirit is another key to Cayce's philosophy of healing. For healing to be complete and lasting, we must recognize and meet the needs of each of these three levels. Virtually no illness or disease can be treated successfully at only one of these three levels.

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What's more, Cayce affirms that the human body will naturally stay healthy - and even rejuvenate itself - if a kind of internal balance can be maintained. "Dis-ease" starts when one part of the body draws energy from another part. One portion of an organism may become overcharged with the creative life force, while another portion becomes undernourished. The result is a gradual disintegration of the body and the onset of illness.

The opposite of this sort of disintegration is rejuvenation. The readings assert that we are continuously rebuilding our bodies. Within any seven-year period, each cell is replaced. If we'll allow it, our bodies will transform any problem and resuscitate any condition. But our ingrained habits usually block this healing potential - the habits of action and, even more potent, the habits of mind.

What role do drugs and medicine play in the healing process? Cayce's philosophy clearly sees a place for them, but warns of misunderstanding how they work and of expecting more of them than is possible. Any healing method attempts to create an experience of oneness, in hopes of then stimulating a similar response in the body. For some people in some situations, a drug may be the best way to accomplish this - just as in other cases surgery may be the best way to stimulate healing. Medicines can be a practical application of the one life force. Occasionally they must be very potent in their reactions in order to get the patient through an acute illness. But Cayce from time to time encouraged people to consider the herbal formulas he recommended to be tonics and stimulants, rather than medicines.

The dangerous side of medicines is their potential to diminish the body's own healing work. This is what Cayce alluded to when he warned about "palliatives" that deceive the soul with half-truths and temporary relief. It's also what he meant when he warned that we shouldn't come to rely on any condition outside of ourselves that could be assimilated by the body inwardly. All of this is to say, take the medications prescribed by the physician you trust. Keep in mind this thought: what those chemicals can do is temporarily - and somewhat artificially - give your body an experience of greater oneness.

Healing that really takes hold and lasts must come from changing one's inner consciousness and vibration. That happens most effectively from consistent and persistent human effort (that is, engaging one's desires, purposes, and will) - something that pills all too easily allow us to skip.

These have been long-standing. Do not take the treatments just a few days, or even a few weeks, and expect to be well - and then revert to old conditions. But be consistent and persistent! Have periods when these will be taken (that is, ALL of those things indicated) for two, three to four weeks. Then rest by leaving them off a week. And then be just as patient and just as persistent as though you were beginning all over again. 976-1

Cayce's healing philosophy includes other insights that can help us avoid misunderstanding. For example, one principle states that the best treatment procedures sometimes cause a temporary worsening of conditions. If we didn't recognize this possibility, we might give up just before the benefits begin to appear. A closely related principle states that when a body is re-establishing its attunement, it tends to be more sensitive. Again, if we misunderstand that heightened sensitivity, we might not see the good that is slowly being effected.

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The mind is a focus of other healing principles. The unconscious mind plays a role in many illnesses and diseases. One example of this is the karmic factor in health problems. Memories from previous incarnations, stored in the soul mind, can trigger problems in the body. Of course, we shouldn't go so far as to suppose that every health challenge has past-life roots; nevertheless, the perspective of reincarnation can help us understand what we could possibly be dealing with as we seek healing.

The familiar Cayce axiom, "Mind is the builder," leads us to wonder exactly which attitudes and emotions best foster healing. The readings emphasize several:

- Self-acceptance. As we rid ourselves of self-condemnation, we make room for healing forces to enter.
- Optimism and hope. We're encouraged to expect healing.
- Patience. It's much easier and quicker to destroy health than it is to rebuild it. We need to be willing to patiently invest whatever time is required.

Alongside these specific attitudes and emotions, we're invited to use the creative potential of visualization to stimulate our own healing. The mind's image-making capacity can be directed in such a way that we "see" the healing transformation taking place. This is not something that's accomplished in a single visualization session. Like all the Cayce health-promoting approaches, it requires persistence and works best in conjunction with other healing methods.

Perhaps the most important principle of the mind's relationship to healing concerns purposefulness. A person can experience temporarily an outer healing - that is, in the physical body only - yet still be spiritually sick. What cures the soul? A commitment to a purposeful life. Not just any purpose, but instead one that reflects care for other people.

On occasion a reading from Cayce would pose this question to the person who was ill: What would you do with your life if you were healed?

What would the body be healed for? That it might gratify its own physical appetites? That it might add to its own selfishness? Then (if so) it had better remain as it is. . . But first the change of heart, the change of mind, the change of purpose, the change of intent. 3124-2

The position of Cayce's psychic source was simply this: Why correct the physical condition unless there's also going to be an inner correction? People who are looking for both inner and outer healing are the best candidates for restored health and vitality. In Cayce's philosophy, healing should equip us to be more useful to others.

With this ideal of service in mind, we might also wonder just how we can be channels of healing to others. What principles govern our efforts to be healers to those for whom we have concern? One principle is based on the spiritual connections that exist between all people. It states that as we bring the experience of oneness into our own consciousness, it can profoundly help someone else experience oneness, attunement, and healing. Cayce's way of putting it was, "...raising the Christ Consciousness in self to such an extent as it may flow out of self to him thou would direct it to." (281-7)

For this to be most effective, the recipient must desire such help and have requested healing prayer. Of course, we can always pray for someone, even if that

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individual hasn't asked us. But it's important that we not assume we know what's needed in any person's life. For one who hasn't specifically asked for prayer, we can simply offer prayers of protection and blessing, rather than try to direct healing energies to that person or for a specific condition.

It is also important to remember that each reading was given for an individual. It must be emphasized that no suggested treatments for any particular ailments should be "lifted" from any individual reading and tried by another individual except under the supervision of and with the cooperation of a physician or licensed health care professional. However, there were many suggestions that were given over and over, and these can be studied to find how they apply to ourselves. These healing principles can be grouped in four categories that referred to as CARE.

Circulation – moving the blood around the body through therapies such as massage or spinal manipulation

Assimilation – encouraging the body to pull the proper nutrients from the food by eating the proper foods and in the proper combinations

Relaxation – taking time to rest and let the body recuperate and counterbalance the daily activities

Elimination – removing the waste products from the body through therapies such as sweats, colonics, and fume baths

For more information about CARE and recommendations on the lifestyle described in the readings, please see Dr. Harold J. Reilly's *Handbook for Health*. There are also many verbatim collections of the readings in other Circulating Files, Research Bulletins, and Treatment Plans for individual diseases which may be purchased through Customer Service at 800-333-4499.

The A.R.E. is interested in having all the material in the health readings reviewed by physicians and health care professionals who also provide summaries of their findings in the hope that the information may prove beneficial to others. When time and finances permit it is planned to have all the information in the health readings read by one or more physicians and the subject matter summarized. Please send any feedback to

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To obtain health items mentioned in the readings, contact our official worldwide distributor, Baar Products at 800-269-2502 or Baar.com.

We do not advocate a do-it-yourself process. Please seek out the advice of a health professional before implementing any recommendation.

In summary, the Cayce readings remind us that our natural state is wholeness and health. An innate wisdom within ourselves knows what's needed for healing. We should expect to get well, and we should be willing to do our part to make it possible. "Those that expect little of the Lord receive little; those that expect much receive much - if they live it!" 1424-1

Blessings,

A.R.E. Member Services Team

Gladys Taylor McGarey, M.D.

Help for Hyperactive Children



The first time he came into my office I heard him before I saw him. He was not crying or screaming, he was just tearing the room apart. When I stepped into the examining room, I saw a young mother totally frustrated by her adorable five-year-old child.

He was the right age to be starting preschool and kindergarten. Over the uproar we were able to talk about a number of things regarding his health which was basically excellent except for chronic constipation and frequent bouts of sore throat and earaches which had required antibiotics. I tried to get a history of his diet and found that he ate a great deal of sugar, lots of milk, and goods that had preservatives in them. I suggested changes in his diet. The next time he came into the office, about a month later, his behavior was just as wild, but he had not had a sore throat and his ears were a little better. However, his constipation remained severe, so I suggested to his mother that she start using a castor oil pack on his abdomen. Since he had trouble holding still, we decided to put the pack on from 4 to 5 o'clock in the afternoon while he watched a local TV program for children.

About a month later when he came into the office, I did not even know he was there. When I went into the examining room, he was quietly turning pages in a book. I was really delighted and amazed. His mother said that the castor oil packs which he used five days a week had made all the difference.

She continued to use the castor oil pack as he started school, and he made it through his first grade without too much trouble. In the summertime, because of other activities, she discontinued the castor oil packs, but periodically he would come running in and say, "Mama, I need that pack, I need that pack." She would put the pack on and he would quiet down. Throughout his school years there would be times when he would come home from school and tell his mother he needed the pack. It seems that he could feel when the tension began to build up in

Castor oil packs, good diet, sleep, and exercise are keys to focusing the energy of hyperactive children creatively.

his system, and he knew he would not be able to control it; and he also knew that the castor oil pack would help. I have seen him in my office as a grown man with children of his own, perfectly capable of continuing his life and activities and raising a healthy family.

In our society there are many children who are on Ritalin and Dexatrine because of hyperactivity. These children learn that they can control their feelings and behavior with the use of pills and sadly many of them go on to using other prescription drugs in their later years.

In working with the Edgar Cayce material through the years, I have found that there are a number of things which help these hyperactive children in ways that bring healing and do not just put the lid on the problem. Here are some recommended actions:

1. Apply a castor oil pack, however the mother can manage it, in order to keep the child quiet long enough to keep the pack on the abdomen. The solar plexus, right in the middle of the upper part of the abdomen, is the largest accumulation of nerves in the body aside from the brain, and in some sense is the brain of the autonomic nervous system. This is where we feel tension building.

2. Osteopathic or chiropractic adjustments are extremely helpful. Frequently these children have had traumatic births, or sometimes they have had traumatic falls. Corrections of these problems are essential.

3. A good diet. Use of fresh fruits and vegetables, very little sugar and refined flours, and no food colorings or preservatives.


If they have had many antibiotics, then adding some acidophilus to their program is helpful.

4. Making sure they get plenty of exercise. Allowing them to use their energy in running, swimming, and playing helps them to focus this energy.

5. Plenty of sleep. If children are not getting enough sleep, they suffer from sleep deprivation and their nervous system gets overstimulated.

6. Limit video games and TV as much as possible.

Gladys Taylor McGarey, a homeopathic physician, is the lead physician at the Scottsdale Holistic Medical Group in Scottsdale, Arizona, (602) 990-1528. To arrange speaking engagements or for information, call the nonprofit Gladys Taylor McGarey Medical Foundation, Inc., (602) 946-4544.

I have found that these children are ones who bring a great deal of energy and life into our world. The key is allowing them to focus their energy in creative ways and eliminating the irritations which frequently are physical and can be handled on a physical basis. 

Hyperactivity

by William McGarey, M. D.
The A.R.E. Journal, March, 1973

After a period of therapy, a little boy who could not be kept out of trouble in the examining room on his first visit lost his hyperactivity and became a strong proponent for castor oil packs. His father used them on his tummy while he watched television. For almost a year, he would not do without a pack for a single day, and the changes in activity were remarkable enough that he was presented to a symposium of doctors as a case in point.

This little boy was first seen at six years of age, in February, 1967, because of being so very thin, with a poor appetite, severe abdominal pains and severe emotional upsets and temper tantrums. He had a history of severe upper respiratory infections until he was two years old and had had many antibiotic shots. At the time of examination, he was unable to sit still at any time and was continually active.

After two months on the castor oil packs, he was sitting quietly and turning the pages of a book in the consultation room. The mother reported that the abdominal pains were much better. He was eating well and sleeping well and was more normal in every way although he was still having temper tantrums. He looked forward to taking the packs because they seemed to relax him.

He was seen monthly throughout 1967. He continued to progress and gain weight during the rest of the year, and in June, 1968, his weight was up to forty-seven pounds, and he was continuing with the castor oil packs. He was not seen during 1968 and 1969 because he was doing so well.

When I last saw him in January, 1971, his weight was up to sixty-four and one-half pounds. He had had no colds or infection during this whole year. He had not needed castor oil packs. He was doing so well in school that he was in the top reading group in his school. He had many friends, and during the Summer of 1970 he had been on the swim team and won seven ribbons. He seemed to be very well adjusted at that time. His mother stated that once in a while he would have a stomach-ache and would begin to feel a little out of sorts and would ask for his castor oil pack.

In another case, a speech therapist wrote: "After reading one of your medical bulletins, I suggested to the mother of a student of mine (chronic hyperkinetic brain syndrome, age three, also epileptic) that she rub castor oil on the child for a half hour before naps and bedtime. Site reports that after three days the child still has difficulty in getting to sleep, but that now she sings herself to sleep instead of the whining-crying and that although she still awakens during the night, she sings instead of crying." The oil, of course, was massaged into the abdominal area.

Our January symposium two years ago centered on this distressing problem. Now comes a report from James Satterfield (*Behavior Today*, July 3, 1972) that hyperkinetic children apparently have an immature nervous system. This was shown by the EEG blips evoked by auditory stimuli, which were fewer in number and of less amplitude than those in the control group. Satterfield, a psychiatrist, studied thirty-one hyperactive children between the ages of six and nine, and twenty-one normal controls.

This is of interest to us, perhaps, because of the concept that the body can be returned to normal, in balance, in development, in function, and because the primary therapy we have been working within the problem of hyperactivity is castor oil packs applied to the abdomen. The theory behind this is that such a vibratory influence in some manner causes this central portion of the autonomic nervous system to bring about a coordination and equalization within the body which would then promote a more rapid maturation of the nervous system than would otherwise be expected.

Introduction to a Research Project

Dear Parents,

Many parents came to Edgar Cayce asking for help with their children who had either physical or mental and emotional difficulties. Some of the material in these readings has been extracted and is available to parents who might want to try the techniques recommended in the readings.

In January of 1973 we initiated a research project [no longer in progress] that enabled parents to follow systematically suggestions given for children in the Edgar Cayce readings. In order that such research be meaningful, we requested that interested parents be willing to use these techniques with their child for a period of twenty-eight days. We were interested in this initial period for purposes of the research study, and felt that there was reason to believe that with some children definite improvements could be made in the first twenty-eight days. The report of the findings of that study are included in this file.

The information in the readings indicates that the success of these methods rests with the purposes and attitudes of the parents, who in order to work with the procedures may have to alter their life style somewhat.

Do not begin unless there is sincerity in both parents ... for the body is meeting itself; but so must those responsible for this entity meet themselves. 4013-1

If you have decided that this work is worth the time and effort required of you, then the next step is to prepare yourselves. The Edgar Cayce readings are very clear about this. As the parents prepare themselves, these methods can be of a greater influence upon the child. Specific directions for preparation were given to parents in the readings. These directions will be found in some of the readings included in this file, and in a summary page [page 15] entitled "Parents' Preparation". These specific suggestions should be used before beginning the application of the other procedures. The readings indicate that this period when you work on yourself before beginning the work with the child is as important to the results as anything that follows.

As outlined in the readings, the suggested techniques for use with the child include: castor oil packs, spinal massage and pre-sleep suggestion. Detailed descriptions of these procedures are included in this file. There have been studies with individual aspects of these procedures with highly significant results. There is reason to believe that a combination of these three individual aspects will be effective.

As you study the readings included in this file, you will notice that other techniques or devices are mentioned. One is the Radio Active Appliance. Because of the expense involved in obtaining such an appliance, our research work has not included this procedure. If you feel that it is important that you include this device, information on the cost and availability of the Radio Active Appliance can be obtained from Baar Products, www.baar.com or call 800-269-2502.

We recommend that you begin the application of the concepts in these readings with the pre-sleep suggestion, massage and castor oil packs. Most families have discovered that these three procedures keep them quite busy. Procedures which appear only once in the readings included in this file may have been specifically designed for the child who received the reading. The three recommended procedures appear in many readings.

It is important to remember that the information used to develop this approach was given for persons other than your child. Many of the medical recommendations from the readings, as well as suggestions to individuals for self-understanding and balance, have proven to be highly effective when used by others. It is hoped that the same will be true for this information, but we can in no way guarantee results....

Sincerely, A.R.E. Youth Activities

Causes of Behavioral Problems in Children from the Edgar Cayce Readings

The Edgar Cayce readings refer to three basic causes of behavioral problems in children. The first two have to do with physical imbalances or lack of coordination between parts of the physical body. The first of these is an incoordination of the cerebrospinal and the sympathetic nervous systems. Such a problem was designated as the cause of childhood difficulties ranging from visual problems to the lack of proper physical development. Most often such a condition results in nervousness, irritability or restlessness. Usually the readings describe the origins of this imbalance as pressure along the spine. Sometimes this is the result of damage done at birth or an accident or fall in the early years.

The second basic cause is an incoordination with the glandular system. In explaining the importance of this system, the readings say:

All portions of the nervous system of the physical body, of the physical functioning, are affected by those activities of secretions through glandular forces of the body. 566-7

The readings establish the fact that the nervous and glandular systems are related, but the exact description of that relationship varied from case to case. In one instance a reading explained that a young girl had disturbances in the glands that caused a strain or pressure upon the nervous system. In other readings, it is an existing problem in the nervous systems that exerts a detrimental influence upon the glandular system of the child. We can however, observe one fundamental concept from this: there is a significant inter-relation between the two, and that which brings the one into a greater balance will have a positive effect upon the other.

The final basic cause of behavioral difficulties in children as described in the readings is suppression. In this case the problem may or may not be coupled with physiological incoordinations. There are significantly fewer readings in which the child's problem is related only to suppression, but this factor is likely to be active in most all cases to various degrees. The suppression of conscious material into the unconscious of the child often causes a sort of psychic pressure that can result in animosities, hates, rebellions, or other negative attitudes.

Any of these three basic problems within the body and mind of the child can result in hyperactivity, belligerency, extreme moodiness, irregular appetite, and many other physical or behavioral difficulties.

The imaginative forces within the child seem to be particularly susceptible. The readings warn that parents must be careful to understand that exaggerations and what may appear as untruths are very real to the child. These are often only in part of psychological origin and are likely to be brought about by physiological imbalances as well. For example:

And these produce impulses and emotions that are to the body not understood and yet find expression in its nervousness, its restlessness, and its tendencies to exaggerate, and tendency to build up great imaginative forces and influences. These are not all wrong, but these corrections will make for normalcy. 566-7

Suggested Procedures from the Edgar Cayce Readings

Each of the following procedures was recommended in readings given for children between the ages of four and twelve. These should be followed as directed during the twenty-eight day research period, but the readings never indicated that the full potential of these procedures would be reached in that short a time. If the child shows some response to these procedures during the experimental period, you are urged to continue with these.

Pre-sleep Suggestion

The Edgar Cayce readings indicate that in that period just as the body goes to sleep, the mind is particularly open to suggestive influences. These suggestions are taken into the unconscious or soul-mind, and the ideas or ideals presented in the suggestions are incorporated or retained in the normal waking consciousness.

The readings stress several points if this type of procedure is to be successful. First is the importance of both parents being present and participating in these suggestions. Unless this is impossible because only one parent is living with the child, this should be followed. Some parents were encouraged to repeat suggestions aloud together. This would require some preparation before the period with the child, but such preparation seems to be worthwhile no matter how the parents eventually choose to do this....

The readings stress the importance of touching the child as the suggestions are given, as well as the importance of using the child's name in the suggestion and of calling upon the divine with the child. If the parents will do this in a prayerful manner, believing that this is indeed a child of God, then the promise is that this divine aspect from within will respond to the suggestions.

There are several recommendations from the readings in terms of what should be said in the suggestions. For example,

Do not attempt to give instructions or suggestions in the same manner as you would for an adult, but let that motherly sympathy be expressed... 236-1

The message that should be given is in essence this:

. . . that the physical and spiritual and mental will build through those divine sources, that the physical may manifest those spiritual and mental attributes of the creative forces in the universe. This, as we see, should be the message, in the words of the mother or of the reader that may give this to the body. 233-1

This essential message can take many forms, but the key seems to be that the parents call upon that which is whole and perfect within the child to manifest in the physical body and conscious mind. The parents should not hesitate to refer to specific situations and needs in the child's life. But this should not be in the form of teaching or preaching, but rather as suggestion and affirmation. Let this be done each night for a period of fifteen to twenty minutes as the child is falling asleep.

Castor Oil Packs

Instructions for use:

Prepare first a soft flannel cloth which is about two or three thicknesses when folded and which measures about eight inches in width and ten to twelve inches in length after it is folded. Pour some castor oil into a pan and soak the cloth in the oil. Then place the pan over a burner (or, if it is a shallow pan, place in the oven) to heat the oil. Then wring it out so that the cloth is wet but not drippy with the castor oil. The oil should be as hot as the child can stand it without pain.

Protection should be made against soiling the bed clothing by putting a plastic sheet underneath the body. Then a plastic covering should be applied over the top of the soaked cloth, and a heating pad placed on top of that to keep the pack hot.

The pack should be placed on the child so as to cover the liver, lacteal duct and caecum areas. See the enclosed illustration as an aid for this. This would mean placing the pack so that one corner is at the solar plexus, and one at the lower, central abdomen, with the length of the pack lying across the right side of the abdomen and around to the back, as much as the length of the cloth allows.

Once the pack, plastic and heating pad are in place, you may wish to wrap a towel around the child, covering all of this, and safety pin it to hold. The pack should remain in place between one and one and a half hour. This is to be done five times per week to total twenty out of twenty-eight days. It does not matter which two days per week you skip.

The skin can be cleansed afterwards if desired by using water which is prepared as follows: to a quart of water, add two teaspoons baking soda. Use this to cleanse the abdomen. The flannel pack should be kept in a pan for the next use. It need not be discarded after one application, and may only require that some additional oil be added.

Spinal Massage

This massage should be done each day with an oil that is made up of equal parts olive oil and peanut oil. With this procedure we wish to have the body absorb the oil through the skin, so the child should either have a shower, a tub bath, or a sponge bath along the spine with warm water just before the massage, in order to open up the pores of the skin. The massage should not be hurried. Spend from twenty to thirty minutes daily on this, or longer if it seems particularly helpful to the child.

The suggested way to do the massage is in three parts:

(1) Apply the oil to the back and begin to rub it into the entire surface of the back. One common mistake is to begin with too much oil. Begin with just a small amount, then more can be added if you need it. One suggested stroke for this part is a push-pull motion. For this you work on one side of the body and finish that before working on the other. The hands are placed on the back, perpendicular to the spine, with the heel of both hands on the child's spine. Start the movement by pushing one hand forward across the back; then, as you pull that hand back towards you, start the other hand pushing forward. Keep this up

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with both hands always moving, and doing so in opposite directions. Do this up and down one side of the spine and then move to the other side.

(2) Then you can begin to work just along the sides of the spine. This is not done on the spine itself, but along the sides of it. The recommended stroke for this part is a circular motion, using either the thumb or tips of the fingers. On the right side of the spine use a clockwise motion; on the left side a counter-clockwise motion. You can either work on one side exclusively before moving to the other side, or use both hands and do the two sides simultaneously. Work from the top of the spine down to the base. See the illustration for this.

(3) There is a finishing stroke that is done from a position at the head of the body. Place both hands, with fingers spread, at the top of the back on the shoulder area. Then slide the hands down along the back to the top of the hips. This should be done with some pressure, almost as if you were trying to move or squeeze things out of the back and down towards the hips. As much of the back area as possible should be covered with each stroke, with thumbs running along the sides of the spine.

These are the three basic procedures that we will be working with. Besides these it would be beneficial to follow some others as well as possible.

(1) Be encouraging to the child in his or her good qualities

(2) Have a story period before bed. In many readings it is recommended that stories be used as an effective method of teaching concepts to children.

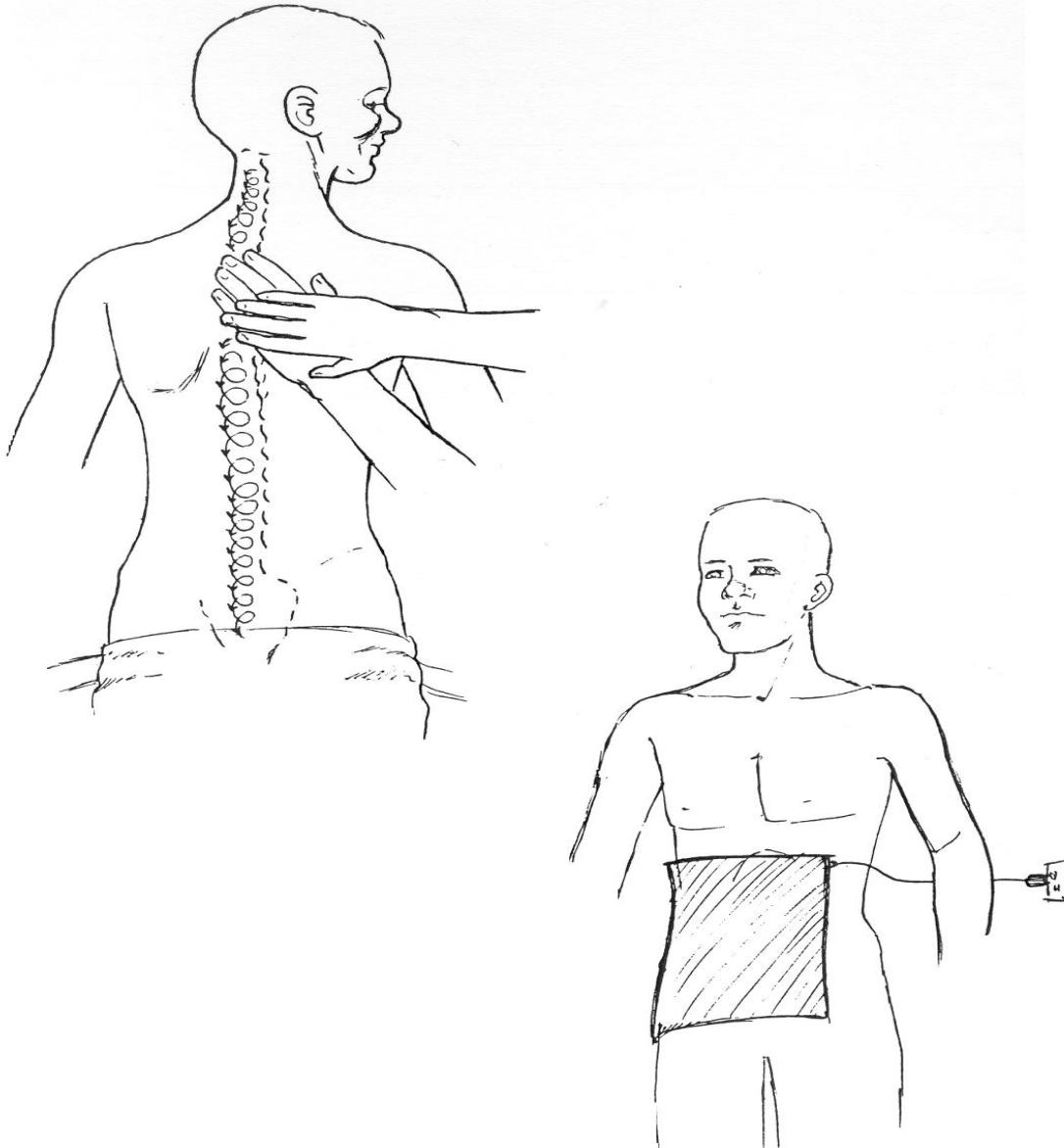
Have a regular period then when the stories or an interesting incident would be told that makes for a part of the mental or educational factors in the developing mind. 1188-1

It might be well to combine the story period with the castor oil packs, on those days when the packs are to be done.

(3) Keep a journal of the child's experiences. The parents should keep careful records of the dreams and statements of an imaginary nature that the child relates. The readings indicate that this should be done in such a way that the child doesn't know that these are being recorded:

...Do not allow the body to know these are being recorded, but know that it is expected to tell what has been the experience. And no matter how great the imaginative forces may appear to be, record them! And then watch them in their change! 566-7

In carrying out these procedures it will be necessary to find a method of scheduling each specific procedure so as not to be overly disruptive to the child or parents. For many families it will be most convenient to do all of the procedures before going to bed, but any of these except the pre-sleep suggestion could be done anytime during the day. Try to find ways to combine the procedures. Some parents have had success in combining the castor oil packs and story period; others, in combining the spinal massage and the pre-sleep suggestions (because the child would fall asleep during the massage).



Parents' Preparation

Please pay careful attention to the words in these readings directed to the parents concerning preparation. Study the Bible verses named and seek a way to apply them in your daily life, especially with your child.

Answer the following questions for yourself. It is important that you consider these things.

(1) Think carefully about your purposes and desires for working with your child using these procedures. What *specifically* would you hope could be attained for the child with these procedures? (e.g., stop bed wetting, get along better with brother or sister)

(2) Why do you want the child to be healed? Is there a reason beyond it resulting in less problems for you?

(3) What do you feel would be the changes in your life and in the child's if there were positive results from applying these procedures? Again, be specific (e.g., the child will get more sleep, I won't have to spend as much time breaking up fights)

(4) What are your ideals as a parent?

Child Behavior Problems

A Research Study

by Charles Thomas Cayce, Ph.D., and Mark Thurston*

The A.R.E. Journal, May 1974

Research involving the Edgar Cayce readings can be generally divided into three categories: (1) medical research, (2) voluntary application of concepts from the readings by various interested individuals, and (3) the controlled testing of specific: non-medical concepts from the readings as to their general applicability.

The first category, medical research, is being coordinated by the A.R.E. Clinic in Phoenix and by some 250 doctors in various parts of the United States. Most of this work is concerned with testing specific medical treatments prescribed in the readings as to their applicability for individuals other than those who actually received the readings.

Research of the second type is being implemented by all those who are testing the validity and effectiveness of concepts from the readings (e.g., working with their dreams) in their own lives. Additional examples of this day-to-day informal sort of research would include following dietary suggestions from the readings and regularly practicing meditation as described in the readings. Regularly meeting in a *Search for God* group and working with the concepts in the *Search for God* books would be another example of this non-laboratory type of A.R.E. research. Our only data from this individual type of research are informal anecdotal reports of the benefits (and sometimes problems) that the experimenters (i.e., primarily A.R.E. members and Study Group members) attribute to the particular concept being worked with.

The third research category involves the controlled, systematic testing of non-medical suggestions (formulated as hypotheses) in the readings (e.g., a combination of castor oil packs, pre-sleep suggestion and spinal massage, applied for 28 days, will significantly change specific behaviors of children in a positive direction). As in the medical research, the general question is the applicability of the suggestions for others than those who received the readings.

The following study would best fit our third research category. However, a primary concern in this particular study was to create a beneficial experience for each child and his parents. The control group procedure and the pre- and post-treatment questionnaire did not eliminate a number of unmeasured factors which we suspect may have affected the results of the study. These factors and possible future control of them are outlined in the Discussion section.

* Dr. Cayce, Director of Youth Activities for the A.R.E. is a psychologist specializing in work with children. He has taught psychology and parapsychology at various colleges and has been instrumental in initiating ESP research activities for the Association. Mr. Thurston, as the A.R.E.'s Coordinator of Youth Activities, devotes much time to working with children's study groups, counseling young people, planning youth conferences and lecturing for schools and clubs in Virginia Beach. He holds a B.A. in psychology from the University of Texas and studied for two years at Rice University.

Description of Methods

This project was initiated in response to many requests from parents whose children had difficulties ranging from bed-wetting to mental retardation. An examination of the readings given for children between the ages of four and sixteen revealed that at least four specific procedures were recommended often: castor oil packs, pre-sleep suggestion, spinal massage, and the radio-active appliance. Although there is no single reading that refers to all four of these, several readings have various combinations of two or three of the procedures. For purposes of the research study we decided to eliminate the radio-active appliance because of the expense involved. We felt safe in assuming that the other three could be combined without any ill effects upon the child. The project, therefore, consisted of a "treatment period" involving the packs, massage and suggestion, which were to be carried out for 28 days. While assigned to the control group, a child received only the pre-sleep suggestion for a 28-day period.

Subjects were obtained in two ways: (1) unsolicited letters from parents requesting help, and (2) an article describing the project which appeared in the *A.R.E. News* in February and November of 1973. Only those inquiries from members of the A.R.E. who were willing to work with their own children in the home were accepted. The project was not designed in such a way that it could be carried out by a teacher or social worker.

Subjects were alternately assigned to one of two groups as inquiries arrived. Approximately half the children were placed in the group which completed all three procedures for the first 28 days and received only the pre-sleep suggestion for the second 28 days. The other subjects were placed in the group which received the pre-sleep suggestion for the first 28 days and all three procedures for the second 28 days.

An evaluation questionnaire served as a measure of changes in the child. This questionnaire consisted of 37 items for which the rater specified a score from 1 to 7. For example:

anxiety towards peer relations	1 <i>very anxious</i>	2	3	4	5	6	7 <i>no anxiety</i>
bed-wetting	1 <i>daily</i>	2	3	4	5	6	7 <i>never</i>

In addition to these 37 items, each subject was rated on several other behaviors that were described by the parents in the background questionnaire. These additional ones (typically from three to seven behaviors) were designed especially for each individual case. Each child was rated by two individuals. Preferably, these were the father and the mother; but in one-parent homes, another relative or close friend participated as a rater. Raters were asked to respond to the items in terms of the child's *current* behavior.

Each family went through the following steps to complete the entire project:

1. Requested first inquiry packet from Youth Activities Department.

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2. Received a packet containing materials describing the project, a copy of an example reading (given for a child with behavioral problems), a background questionnaire, and a release form.

3. Filled out the background questionnaire, signed the release form, and requested further information.

4. Received a packet of information giving a detailed description of those procedures to be completed during the first 28 days. Each parent completed a copy of the enclosed evaluation questionnaire on the day that application of the procedures was begun, and mailed them back immediately.

5. Near the end of the first 28 days, the parents received a description of the procedures to use during the second 28-day period and two more copies of the evaluation questionnaire. These were to be filled out on the twenty-eighth day and mailed back immediately.

6. Near the end of the second 28-day period, a third round of evaluation questionnaires arrived. On the last day of the study, these were filled out and returned to the A.R.E.

Results

There are four specific data computations that are necessary in order to analyze our results. The first approach involves calculating a score for each child that represents his or her overall change on the 37 general behavior items that appear on all evaluation questionnaires. This is done by completing the following steps: (1) For both the mother's and father's ratings, determine the difference between the pre-treatment and post-treatment scores for each item. (2) Find the sum of the differences for both the mother's and father's ratings. (3) Calculate the average of these two sums to give the overall change for that child. Once we have such a figure for each individual child, we can compute the average overall change per child, which is labeled "Part 1" in the following table.

A second average score is useful for later comparisons. It is the average change per item (i.e., the 37 general behaviors). This figure is simply the result of dividing the score for Part 1 by 37.

A third meaningful measure involves only those questionnaire items that were specially designed for each child. These should reflect changes in those behaviors described by the parents as significant problem areas for their child. These individually designed items differed greatly from child to child, both in number and in nature. Part 3 in the table below shows the average change per item in which only these special problem behaviors are considered.

Table 1

	<i>Pre-sleep suggestion only</i>	<i>Three procedures</i>
Part 1	+ 7.77	+ 10.88
Part 2	+ .21	+ .29
Part 3	+ .07	+ .72

It should be noted that the scores for Part 3 demonstrate that a combination of all three procedures from the readings is superior to the pre-sleep suggestion alone. By comparing Part 3 to Part 2 we conclude that the special problems of an

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individual child are more responsive to change by these procedures than the general behavior items are.

The fourth computation that is necessary to our analysis involves determining the average change for each of the 37 general behavior items. For example, there are 14 children who completed all three procedures. Since each child is rated by two people, we have 28 scores for the behavior "temper tantrums." The sum of these scores divided by 28 gives the average change for that item. The second table shows the behaviors that were affected the greatest and their average changes. No behavior changed in the *negative* direction to the magnitude of those listed in Table 2.

Table 2

<i>Pre-sleep suggestion only</i>		<i>Three procedures</i>	
	<i>avg. change</i>		<i>avg. change</i>
going to sleep	+ 1.16**	temper tantrums	+ .96
soundness of sleep	+ .83	fights with siblings	+ .75
attitude toward possession	+ .67	orderliness	+ .58
temper tantrums	+ .67	anxiety toward family	+ .58
punctuality	+ .61	obedience	+ .54
		physical complaints	+ .50
		attitude toward possessions	+ .50

**A positive score means an improvement (i.e., anxiety change of + .58 means that the condition is better or a lessening of anxiety).

For the behavior labeled "bed-wetting" a large percentage of the children had no possibility for improvement because they never wet the bed. If we consider only those scores for children who at least occasionally have this problem, we can compute an average change in the same way we did for Table 2.

<i>Suggestion only</i>		<i>Three procedures</i>	
number of children	<i>avg. change</i>	number of children	<i>avg. change</i>
4	+ .71	5	+ .90

Some of the most interesting results of the study are the reports that were volunteered by the parents. Although this kind of information cannot be used for a numerical analysis, it has encouraged us because the children are apparently being helped. Here are two examples.

Child #1 is fifteen years old. She has been a slow learner in school. Her parents hoped that she would improve her fluency of speech, memory, comprehension, and decrease bodily tension and irregular breathing patterns. The scores on the evaluation questionnaires show an overall average improvement of 8 points during the first 28 days (pre-sleep suggestion only) and an average improvement of 4 points during the second 28 days (all three procedures). These improvement scores are computed by averaging the ratings of the mother and the father. At the end of the second 28 days her mother wrote:

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She is better since the past 28 days; it is rather difficult for me to say in exactly what areas – but she is better – all around sort of a general improvement. She is not nearly as cantankerous about many things - also her math is improving. She has learned the multiplication tables (sixes, sevens, eights, and most of the nines). In October she did not understand the word “times,” even three times two. She is now out of Remedial Reading. She went into the regular classroom January 2 [1974]. Yes, we are grateful to Almighty God for every bit of progress.

Child #2 is a twelve-year-old boy. Among those behaviors which the parents hoped to improve were “inner turmoil,” difficulty controlling bowels, fighting with brothers, verbal abuse of mother, and general hyperactivity. The scores on the evaluation questionnaire show an overall average improvement of 20 points during the first 28 days (all three procedures) and an average improvement of 8 points during the second 28 days (pre-sleep suggestion only). At the end of the first 28 days his mother wrote:

In one week there had been such a vast improvement. I couldn't believe it was the same boy. Now, with the completion of the first 28-day cycle, where he was constantly quarreling and fighting with his brothers, he was avoiding situations. Where his terrible all-consuming temper had been, he seemed reflective. His greatest improvement was in his attitude to me. Previously, he'd come from school, change his clothes and go out to play. Then, when I'd start supper the terrible fights with his brothers would begin. Many an evening ended by my being too ill to eat because of his abuse to me. But now (and I thank God) he comes from school, changes his clothes and *talks to me!* We will sit and discuss a problem or he will follow me around as he tells me his thoughts or asks what I think. I am once again a part of this child I love!

At the end of the second 28 days she wrote:

I really don't feel that I accomplished as much in this “run” as with the first. Perhaps that is due to the remarkable change in him during the first 28 days. Anyway, to me and in me, I felt more attuned when I was giving him the massages. I *felt* my love going out and into him much more.

Discussion

In designing the project and in evaluating its results, we have speculated about two important considerations that are pertinent to any effort to change the behavior of children. The first of these is the question, “What really causes behavior change?” It is conceivable that a child responds only to the attention that he receives and that the specifics of *any* procedure or technique that is used matter very little. We could test this possibility by comparing our results with a group of subjects who received pats on the head instead of spinal massages, hot chocolate instead of castor oil packs, or had a comic book read to them instead

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of receiving a positive suggestion as they fell asleep. It is hoped that future research will allow a conclusion on this question for the castor oil packs and spinal massage.

The second important consideration relates to the attitudes of the parents towards the child's problems. The readings state that behavioral difficulties may exist not only as karmic conditions within the child, but as an opportunity for the parents to experience responsibility and a growth in self-awareness. For this reason the parents involved in this research were strongly encouraged to prepare *themselves* before starting to apply the procedures from the readings. They were asked to define for themselves their ideals as parents and to consider the reasons why they wanted their child to change. It is impossible to say to what degree this was done, but it was noted that in many of the cases in which the child improved significantly the parents reported in their letters that they had made a positive change in attitude themselves towards the child's problems.

Difficulties with Methods

There are several difficulties with the methods employed for this study which may have had an effect upon the results. Since the procedures which are involved can take as long as two hours daily to complete, only those parents who were very committed to this work made it through the entire 28-day period. Table 3 shows that the dropout rate was very high for this project - only 18 % of the families who were motivated enough by their child's problem to inquire about the project made it through at least one 28-day cycle. Such a dropout rate makes this kind of research much more expensive in terms of staff time, postage and copying costs.

Table 3

	Number of cases	Percentage of total
Received first inquiry packet and did not continue	51	58%
Returned background questionnaire and did not continue	12	14%
Returned pre-treatment evaluation questionnaire and did not continue	9	10%
Completed first 28 days; did not complete second 28 days	9	10%
Completed first and second 28 days	$\frac{7}{88}$	$\frac{8\%}{100\%}$

There are several possible weaknesses in the evaluation questionnaire. It is difficult to determine what basis parents used to make their judgments for each behavior item. The instructions for completing the questionnaire lack specific

procedural directions. We cannot assume that all parents used the same amount of observation time in making their ratings. Some of the fathers are with their children a maximum of two or three hours daily, whereas the mothers usually have at least twice as much contact with the children. It is also possible that the child's performance in one behavior area might contaminate or color the parent's perception of the other behaviors. For example, a parent who notices a significant decrease in the frequency of the child's temper tantrums might begin to pay more attention to other problem areas. An additional weakness in the evaluation questionnaire is that we have no way of measuring the mood of the rater at the time the questionnaire is completed. It is easy to imagine that a mother who has had a trying day is more likely to be critical of her child, or that a father who has just received praise at work might be more likely to overlook the shortcomings of his child.

One factor that is difficult to estimate is the amount of rater bias. In many of the cases in this study, one of the parents is very interested in the work of the A.R.E. and the other parent is either uninterested or hostile. We might expect that the parent who is not actively involved in studying the concepts in the readings would be biased towards reporting no change or a worsening condition in the child. This tendency to discredit the validity of the readings could be either a conscious or unconscious bias.

Ideally, this project would have been run so that all subjects completed the procedures at the same time and with similar environmental influences. We might expect that those subjects who were involved in the study during the Christmas season or summer holidays were affected by factors very different from those present during the times when school was in session.

Conclusions

We were aware of most of these shortcomings in our methods before the study began. However, if we had attempted to control all of the unmeasured factors that have been described, it is reasonable to assume that the inconveniences would have forced many more of the families to withdraw from the research. Our primary objective was to help the children involved, and apparently this has happened in many of the cases. Our secondary purpose was to collect data that would permit us to use scientific methods to make conclusions. We have found enough changes in the children to warrant a more carefully controlled study. Staff members at several residential schools and hospitals have expressed interest in participating in such a project.

In this research study we have tested a hypothesis from the readings for its general applicability and conclude that it does work for some children other than those who received the readings. We hope that our future research will show which procedures are especially helpful for particular behavior problems.

Holistic Approach to Children with Learning Disabilities: A Home-Study Research Project

by Susan S. Trout, Ph.D.¹
The A.R.E. Journal, September 1980

Description of the Problem

A significant number of intelligent children have difficulty learning how to speak, read, spell, write or do arithmetic. These children are often creative and talented in less school-related activities, such as music, art, drama, sports, construction and mechanics. They also tend to have accompanying behavior, emotional, social and health problems. These problems vary from child to child in grouping, quantity and degree of severity.

The child's learning difficulties in school may take various forms. One child may not be able to learn how to read, write and spell but may learn arithmetic quite easily. Another may learn to read but find spelling, writing and arithmetic difficult. Still another child may understand what is said to him but not be able to translate these thoughts into verbal or written expression. A child with a learning disability may process information slowly and have a poor memory. Or, he may have gross and fine motor incoordinations and find movement activities such as sports, games and handwriting difficult.

Behavior problems which tend to be present in these children include poor concentration, disorganization, distractibility, inability to shift from one activity to another, impulsiveness and hyperactivity. These behaviors, which make completing tasks difficult, interfere with the child developing a sense of accomplishment, confidence and well-being.

Emotionally, children with learning disabilities tend to be immature and dependent. They become frustrated easily and appear resistant to learning new tasks. They often feel inadequate, insecure and discouraged, harshly comparing themselves with the achievements of other children.

Socially, the child with a learning disability may have poor peer relationships. Common reasons for this comprise difficulty in learning how to play games, motor incoordination for sports and games, failure to interpret or perceive social situations accurately, extreme sensitivity to the words and behaviors of others and inability to see another child's point of view.

Common health problems of these children include allergies, ear infections, digestive disturbances, craving for sugar or salt, fatigue and unusual sleeping and eating habits. The child may be small for his age, thin and wiry. The mother often reports that the pregnancy was physically or emotionally stressful and/or the birth was difficult, i.e., a long labor or breech delivery. One or both parents may have had learning problems in school.

The focus of the problem may first appear to be centered primarily within the child. However, an in-depth and objective appraisal of family relationships can lead to a broader perspective and deeper understanding that the problem is actually a family-

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centered one. The Cayce readings support this concept in the following explanation of the soul's purpose for entering the earth's plane:

For the entity came not merely by chance. For, the earth is a causation world, for in the earth, cause and effect are as the natural law. And as each soul enters this material plane, it is to meet or to give those lessons or truths that others, too, may gain the more knowledge of the purpose for which each soul enters. 3645-1

Causes of Learning Disabilities

Because of the multiplicity and variation of problems exhibited by children with learning disabilities, many different points of view have been professed as to the probable cause. Theories of causality have included intrauterine malnutrition, prenatal stress, genetic predisposition for inefficiency of brain function, birth asphyxia and trauma, postnatal infectious diseases of the central nervous system, diet deficiencies, food additives and allergies, and emotional trauma. Some researchers add another cause: poor teaching, in that variations in individual rates of learning and in learning styles are not acknowledged in our school system. Others feel the cause is specifically the result of disorders in the visual or sensorimotor systems, necessitating work with eye exercises or motor movements. Most professionals working with these children agree that further research in causality is needed.

The Cayce readings offer several explanations for why children may have learning problems. One is incoordination of the cerebrospinal and sympathetic nervous systems. The origin of this incoordination is often pressure along the spine, a result perhaps from damage at birth or from an accident or fall in early childhood. Another explanation mentioned in the readings is incoordination of the nervous and glandular systems. Pecci (1974, 1979) has related this incoordination to neonatal asphyxia, a lack of oxygen at birth which results in severe stress upon the newborn's adrenal glands. This stress leads to metabolic imbalance and subsequent health, learning and behavior problems. He has emphasized the importance of the adrenal gland upon brain function; pulse rate and blood pressure normally increase during mental activities.

Suppression of conscious material into the unconscious is another cause mentioned in the Cayce readings. This suppression can occur with or without physiological incoordinations and results in rebellious, negative attitudes and emotions. When parents of a nine-year-old boy with learning and behavior problems asked about disciplining their child, the response included a statement about the adverse effects of negative emotions on memory:

There have been suppressions, yes. There are pressures that cause animosities, hates, rebellion in the body, because of the manner in which there are reflexes to the brain. Not that there isn't the brain, but there are such incoordinations in regard to suggestions as to cause the body to be rebellious and to forget. Mostly when individuals forget it is because something within themselves, all their inner consciousness, has rebelled – and they prepare to forget. 5022-1

Memory problems also indicate that a person is not using memory creatively and with love or that the person expects to forget, so he does. (See also 69-2, 830-2, 1965-2 and 4083-1.)

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The Cayce information further suggests that some abnormal conditions in children are karmic. Learning, behavioral and health difficulties can exist as karmic conditions within the child and as opportunities for parents to learn patience, kindness and responsibility. Other parents of a nine-year-old were told that having a child with these problems was:

. . . an opportunity to meet not only those things in self, but to help this individual entity or soul in its search for its oneness with the Creative Forces, or God....

It will also offer . . . the opportunity of those in the surroundings and environs to learn patience and kindness and gentleness. 5044-1

Another reading inferred that a child may be having difficulties because his parents had a non-supportive and negative attitude toward school:

Q-5. When children are more interested in play or work than study, should they be forced to attend school?

A-5. ... Oft in the parent, they themselves have builded in the child the dislike for school, by the things that have been said before they ever start school! 5747-1

Difficulty translating thoughts into verbal or written expression may be another cause for learning problems in children:

Q-9. Why is it that [758], in making an "M" seems to get the idea but before he can complete two movements his mind jumps to other things?

A-9. As given, the ideas are so crowded in the developing mind that the coordinations between the impulses and the ideas given lose their activities in the one given direction. Just be patient, for these are working-these are developing. 758-27

Or, a child may be more focused on spiritual matters than on the physical world, resulting in school difficulties:

Q-11. Why is she so slow in grasping and understanding her schoolwork, and what will help her most at this time?

A-11. Because these are in attune more with the things in the infinite than the material or concrete. These will come of themselves. Don't force the issue, but gently, firmly indicate the needs of these in the material experience-but learn first things first.

Q-12. Does this also explain her frequent preoccupation?

A-12. To be sure. 3621-1

The reading problem of a 13-year-old girl related to her imaginations. She was not seeing the spiritual importance of what she was reading.

Q-9. What can be done to increase facility in reading?

A-9. As indicated, the body-imaginations at times react to that it attempts to read. Hence producing in mental reactions the spiritual import as indicated for this body should facilitate activities, bring better responses and reactions to the body. 1179-9

A Holistic Approach

The limitation of most current approaches to children with learning disabilities is that the multiple interrelationships of all physical, mental and spiritual aspects of the problem often are not considered. The cause is primarily viewed as a physical or mental one, and spiritual issues which may exist within the child and family unit are usually neglected and not explored. When the focus is on physical manifestations only, understanding of relationships is limited to the effect or result level. This is not to say that much can't be gained by a synthesis and application of information from more traditional medical, psychological and educational approaches. Rather, a person is seen as a whole, with mind, body and spirit a single unit. According to the Cayce source, aspects are so closely tied that it is not possible for one to be disrupted, whether physically or mentally, without the whole person suffering the consequences. It follows that, viewing a family as a unit, it is not possible for one member to have a problem separate from that unit. All family members are affected.

The remainder of this article will discuss a holistic approach to learning disabilities. Special emphasis will be placed on family needs and on what parents can do specifically to facilitate growth and improvement in the child with learning problems and hence in the family unit. Suggestions relating to spiritual, mental and physical healing will be discussed, followed by an invitation to participate in a special A.R.E. learning disabilities research project, which will attempt to appraise the value of some of the suggestions given in the Cayce readings.

Before parents consider using any of these methods, thought and prayer need to be given to the commitment-making process and to the contextual framework within which the child will be viewed. A discussion of this process and framework follows.

Making a Commitment

Parents are often bewildered and confused as to why they have a child with learning problems. Feelings of guilt, anger and resentment are particularly common. Some of these feelings may relate to unfortunate circumstances, such as a difficult birth, prenatal stress or childhood accidents. Parents find it valuable to acknowledge the presence of these feelings and not to suppress them. Prayer and affirmations are essential for transforming interfering attitudes.

Often parents believe that a change in attitude within themselves should happen quickly and may feel some impatience regarding this. One needs to be careful that this impatience is not inadvertently displaced onto the child for not changing or improving. Therefore, it is essential to acknowledge one's impatience, and perhaps set as ideals patience with self as well as consistency and persistency. Also important is keeping in one's awareness that healing is typically a gradual, step-by-step process with periodic spurts and plateaus. Many parents find themselves ceasing constructive efforts after an initial spurt of improvement in their child. This choice leads to feelings of guilt because the parents know that the healing process has just begun and is not yet complete.

Prior to making a commitment, and even during the course of the commitment, parents find it worthwhile to look within and ask themselves these spiritual questions:

1. Why do I want my child to be healed?
2. Why do I want my attitudes toward my child to be healed?
3. Why do I want the relationships of family members to be healed?

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Depending upon the answers to these questions, the parent may discover that he or she is not yet ready to make a commitment. Accepting where one is can be the first step toward growth and change. Therefore, further personal preparation may well be the wisest action a parent can take for the benefit of his or her child. Focusing on one's own personal and spiritual preparation can directly support the growth of the child and the health of the family relationships.

Regarding parental attitudes, the readings make several suggestions which seem particularly relevant for families having a child with a learning disability. First, it is important for the child:

(1) *To experience a purpose by helping others.* Frequently a child with learning problems gets "helped" or remediated for several years by various professionals, family members and relatives. As a consequence of receiving such quantities of "help," a child may begin to feel incapable of coping with his own life. The child may come to believe he is not of value or service to others. Particularly by adolescence, the child may acquire a hopeless and helpless attitude toward himself and experience much depression and rebellion. Therefore, opportunities need to be provided to the young child in which he can serve others. Peer support groups, peer teaching and peer pen-pals are avenues for this. The Center for Attitudinal Healing in Tiburon, California, for example, offers peer support groups and peer pen-pal services in its work with children having catastrophic illnesses. This approach can certainly be used with any group of children, including those with learning problems. In the home, parents can seek a child's advice, explain the purpose of all that the child does, and allow the child to have some responsibilities of his own choosing and preference.

. . . as each body becomes self-reliant, they also must feel someone is dependent upon *their* activities! for few people are worth anything until someone is dependent upon them! 758-31

Allow a great deal more of the visions to be expressed by the entity. And seek counsel from the entity as to the little things about the home – entertaining, friends and the like. For, there *are ideas!* Hence give them the opportunity for expression, and not "preach at" the entity! 2443-1

. . . make the directing influence toward a *purposeful* life, a *purposeful* activity! It plays for a purpose, it is bathed for a purpose, it sleeps for a purpose, it acts in this or that manner *because* such and such is desired as an *experience* for the entity! 1775-1

(2) *To assume responsibility for his own learning.* The educational experience of a child with a learning disability is best not viewed as primarily one of collecting facts and information. A healthier approach is to teach the child his learning style, i.e., explain to him how he uniquely processes information or learns most efficiently so that he can independently apply this knowledge in new situations. In this way, he is able to assume responsibility for his own learning and hence can experience a more purposeful and self-sufficient life.

The more the body can be dependent upon self, the more the body is given the responsibility of self, and responds, the better the condition for the body. 758-34

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Reading 1098-1 states that a child may find it difficult to assume responsibility for his learning if he pursues or is asked to pursue knowledge and skills not in keeping with his nature. As we have previously noted, children with learning problems are typically not as successful in reading, writing and arithmetic as they are in activities such as art, drama and mechanics. School and home expectations may be forcing them to accommodate in a way that is contrary to their nature. One solution to this condition might be a revision of educational philosophy and curriculum. This change would accommodate more variations in learning style and encourage a child to discover and develop abilities which are in keeping with his innate, natural talents. Parents and educators cannot assume they always know what is best for a child.

(3) *To receive encouragement to develop his strengths and potentials.* When a child is having difficulties, it is easy for adults to focus the majority of their energy on "correcting" the problem at the exclusion of encouraging the child's strengths and potentials. The readings infer that having constant attention focused on correction does not assist a child; in actuality, this accentuates and intensifies his weaknesses. Rather, the readings (405-1, 2862-1) emphasize observing the inclinations of a child and capitalizing on his abilities. As the child applies himself in natural ability directions, he better influences others and is of service. Selecting a school which will facilitate the child's application of self in potential ability areas is therefore important.

(4) *To learn how to make choices.* The Cayce readings (5747-2) stress the importance of the will, the center of choice. One learns how to make a conscious choice and to take responsibility for that choice by accepting its consequences. Learning this strengthens one's will. Having others choose for a child weakens his will. The child with a learning disability especially needs opportunities to strengthen his will because he *tends not to see choices or alternatives*. This leads to feelings of frustration and low self-image. Parents can encourage the development of will in their child by first presenting him with a few choices and gradually increasing the number and complexity of these choices. This method assists the child in becoming aware that he is capable and has purpose and some sense of control in his life.

(5) *To have a balanced life style*, which includes being joyous and bringing laughter into the home. There is a tendency for some families to focus so much energy on their problem child that their life style becomes unbalanced and the joys of life are forgotten or neglected.

Healing Suggestions

One of the most reassuring perspectives given in the Cayce readings is the emphasis on wholeness in healing. All three dimensions of a person – the physical, mental and spiritual – must be worked with in an integrated manner if wholeness is to be achieved. "The physical and the mental and the spiritual are *one*, yet each must be dealt with in and through its own sphere...." (4308-1)

Spiritual healing

The spiritual attitude of the parents is the key to bringing about change and growth in the family unit. The readings emphasize that (1) all healing comes from the Divine, (2) the purpose of all physical or mental treatments is to bring about the coordination of body, mind and soul, and (3) all ministering to physical and mental needs should be with a prayerful attitude for the benefit of the child and for the benefit of all those around him.

All healing – body, mind, soul – must come from Him. All applications – as we have indicated, of a mechanical nature, of a medicinal or of a suggestive nature – are only to stimulate any portion of the body, mind or soul activities to coordinate and collaborate with the spiritual force of the body-soul itself. 1467-13

. . . there must ever be that prayerful attitude that at all times in the ministering, in the care, there may be done that which will not only make for an attitude of helpful hopefulness for the body, for the mental attributes, for the physical forces, but that there may be gained patience, kindness, brotherly love, endurance, and – most of all – consistency in the attitude in the activities of those about the body. 552-1

The following suggestions may assist parents in experiencing a spiritual healing attitude toward their child and their family unit:

(1) *Praying.* The Cayce readings recommend that parents pray during the time the child is being ministered to; such as, when he is going to sleep, while he is asleep or when he is getting a massage. The readings suggest that the parents *use their own words*, with the essence of the prayer being:

The Father of light and mercy and truth, create in this body that as will bring the perfect coordination of the members of the body itself, that the soul may manifest in a perfect body.

These we seek through the faith in Thy promises to those who call on Thee, that Thou wilt hear and answer speedily. Thanking Thee for Thy mercy, for Thy care, for Thy love, this we offer in humbleness of Thy name, O God! 1314-2

The following prayer was recommended to parents when giving their 15-year-old daughter a massage:

We thank Thee for the opportunity, O Lord, that we may in some measure meet those things Thou hast given for Thy children in this material world. Let the power of the Christ spirit, through those promises given, be made manifest in my life as I minister now – and in the life of this body, (552) – be done that, O God, as Thou seest is best at this time. 552-1

(2) *Healing affirmations.* Parents can meditate on affirmations which relate to the healing they feel is needed within themselves for the benefit of the child and family unit. Some parents find it helpful to meditate on affirmations by listening to them on a tape recorder as they are falling asleep. The same affirmation should be recorded three to five times to assure awakening of the subconscious. The following are some examples of affirmations:

"I know God listens to me."

"God responds to my prayers, fulfilling my every need."

"I am free from sharp words and negative emotions."

"I live a life of service to others."

"I have only one purpose – that of being a channel for God to work through."

"God speaks to my child through me."
"God speaks to my family through me."
"God heals people through me."
"I have great purpose in this life."

(3) *Healing attitude.* An essential healing attitude for parents is to set, as an ideal, seeing the Christ within their child. This practice involves viewing the child within a context of unconditional love, i.e., to love and accept the child no matter who he is or what he does. With this attitude, the parent begins to see the wholeness that exists as a potential within the child and to communicate healing, positive energies outwardly towards the child.

(4) *Listening to one's inner voice for guidance.* The nature and complexities of situations and needs vary considerably from family to family, parent to parent, child to child. A recommendation given for one individual may not be right for another, even though the circumstances seem to be quite similar. A parent can find it exceedingly instructive and comforting to go within silence regularly and ask his or her inner spirit questions pertaining to specific concerns regarding his or her child, self or any family member. (5747-1) Seeking and listening to one's inner guidance leads to insight and wisdom regarding how best to handle a particular concern.

(5) *Experiencing nature.* Providing a family with regular experiences with nature is supportive to the spiritual attitude of the family and has a definite healing effect. (5747-1)

Mental healing

According to the readings, the mind is an instrument of cognition and creation, the intermediary or transformer between the spirit and the physical world. Mind channels energy into a pattern which manifests in physical form; mind is the builder and creates the patterns. Therefore, one's mental thoughts and attitudes are created by the mind, and these may or may not be constructive for the body. Several tools a parent can use to assist a child in transforming negative behaviors or patterns are:

(1) *Pre-sleep suggestion.* Repeatedly throughout the Cayce readings, pre-sleep suggestion was mentioned as the most helpful tool in aiding a child to develop constructive patterns, learn more efficiently, and be more creative.

Q-1. What is the best method to be used in curing children of injurious habits already formed?

A-1. In using that of suggestion to the subconscious or soul mind of the body as it loses itself in normal sleep, and praying with and for the body. In that state when the body loses consciousness in sleep, the soul mind (not the unconscious, but the subconscious proper, or superconscious) maybe impressed by suggestion that will be retroactive in the waking, or in the physical normal body. In these manners may the better results be obtained in a developing body, for it becomes then retentive and will retain same as the ideas and ideals of every element of the body's activities; for they become as the virtues of the body-mind, and from same the understandings of how, why same is retentive, and will be acted upon in its activative force, in its motivating actions, through the normal conditions of the body or mind.

5747-1

Q-3. Will you give me suggestions as to how to improve my work in school, and my memory?

A-3. Let that be rather as this: That which ye would attain in the studies as to that which is a text, a thesis or a theory – mull same as it were in thy mind, in thy consciousness. Then lay it aside, and meditate rather upon its application.... Do this especially just before ye . . . sleep. And ye will find thy memory, thy ability to analyze . . . to maintain and retain greater principles will be thy experience. 1581-2

The mental suggestions for the mental and physical and spiritual coordination would be by suggestions as the body loses itself in sleep.... And as the body loses consciousness make those suggestions to the subconscious self that will take on, that will act . . . to the influences for a creative activity in the mental and spiritual forces of the body. 1188-1

Several procedural guidelines for using pre-sleep suggestion are given in the readings. These include:

- (a) Unless impossible, have both parents present and repeat aloud the suggestions to the child together.
- (b) Give the pre-sleep suggestions just as the child is going to sleep, during the time from wakefulness to sleep. This is usually a 15-20 minute period of time.
- (c) Call upon the Divine within the child, the message being in essence to call upon that which is whole and perfect within the child to manifest in the physical body and conscious mind.

. . . That the physical and spiritual and mental will build through those divine sources, that the physical may manifest those spiritual and mental attributes of the creative forces in the universe. This, as we see, should be the message, in the words of the mother or of the reader that may give this to the body. 233-1

- (d) Give specific statements of reassurance, writing these out ahead of time.
 - (e) Phrase specific requests to direct the child toward greater balance in his situations or behaviors. Examples are: "Won't it be nice when _____?" (Use a question that requires a short response.) "When you _____, you will feel better about _____"
 - (f) Use positive statements; do not use negative words such as *never*, *don't*, or *can't* in the suggestions.
 - (g) Repeat each suggestion three to five times to allow the subconscious to assimilate it.
 - (h) Use the child's name in the suggestion.
 - (i) Touch the child while the suggestions are being given.
 - (j) Give suggestions also while the child is receiving a spinal massage.
- (2) *Guided visualizations*. The Cayce readings encourage the use of imagination in the form of visualizations as a way of building the mind and establishing new patterns. For example, the readings suggest seeing the food one eats as nourishing and giving energy to the body. Visualizations can be used within the family unit, with the child or other family members. Once the parent has acquired some basic skills regarding visualizations, using them can become very comfortable and valuable. Procedural guidelines for using guided visualizations are as follows:

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(a) Conduct the visualization at a time when the surroundings are quiet and there are no distractions.

(b) Ask the child to close his eyes. However, some may want their eyes open or have difficulty closing them. Accept this behavior by saying to the child, "Close your eyes when you are ready" or "Tell me when you are ready for me to begin."

(c) Speak in a soft, kind, reassuring voice.

(d) Pause after each thought unit.

(e) Continue the visualization even though the child may be giggling or moving about during it.

(f) Adapt to individual needs and responses. Children differ in how much they want to participate verbally in the visualization. Some don't want to answer questions, some do. If questions are asked, they should require a short response.

(g) Visualizations can be used before school to set the tone for the day or for support and reassurance before a child begins homework.

(h) The child's independent use of visualizations is the ultimate purpose. Although a child may initially resist them, he will eventually begin to use them in school on his own.

(i) The sequence of the actual visualization includes:

1. Setting the scene, having the child see himself in a favorite, safe and comfortable place.
2. Introducing the situation in which the child needs healing.
3. Developing the situation and attitudes constructively in a step-by-step process, oftentimes only including one or two steps in a single visualization. The number of steps included in a visualization depends upon the child's readiness and the severity of the problem.
4. Close the scene, reminding the child he will return later to his comfortable, safe place and asking him to bring that calm feeling back to the place he is now.

(3) *Schoolwork adaptations.* The following are major needs of the child in school who has a learning disability and which can be met once the parent and teacher are aware of them and can make adaptations.

Need

To shift attention more easily from one activity to another.

To focus on a small amount of information at a time.

To take in information more quickly and to remember directions.

Adaptation

Structure the child, telling him some of the steps ahead of time so he can be prepared to shift; write the steps on a card, which he can refer to independently.

Structure and limit what is presented to the child, e.g., folding papers to allow only a few arithmetic problems visible or using a card under lines in reading.

Present information one step at a time, allowing the child to say when he is ready for the next step; give a few directions at a time, then the next few, being specific, e.g., rather than saying

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"clean your room," say "pick up your clothes and hang them up." After that is complete, tell the next step.

To increase concentration, willingness and energy.

Vary the kinds of activity; have child do small amounts of work; have periodic rests; may need protein snacks; balance child's life with activities he's interested in doing with lesser interests; limit television viewing.

To learn more efficiently how to read, spell, write, do math and to do so with less frustration and fear of failure.

Teach child to use own learning style, i.e., the way in which he most efficiently processes information; special teachers, learning disabilities specialists, and many classroom teachers can help a parent discover what this is for a child.

Meditate with child on definite subjects (2908-1); explain purpose of each subject to child, stressing it as a form of communication, breaking down a task into small units, until a level is reached where child experiences success, and build on this.

(4) *Play and socialization.* A commonly reported problem among children with learning disabilities is their difficulty learning how to play and socialize. Some children need, for longer periods of time and for more years during childhood, to experience nonstructured, spontaneous play as an avenue of expression or as a way of attempting to integrate meaningfully their experiences. The child with a learning disability often needs to be taught the skills of games and socialization in a very step-by-step manner. For example, it may not be sufficient to tell a child to be friendly if he wants friends. The child may need to be taught the steps of how to act friendly. Role-playing situations, pretend play with puppets or doll figures and drawings are useful ways to teach these skills and understandings.

Physical healing

The Cayce readings state that the physical body is the result of the action of spirit passing through mind. This suggests, therefore, that the physical manifestations of children with learning disabilities are the result, not the source, of the problem. The readings also suggest that within the child physical incoordinations of the nervous systems have occurred which need correction.

Physical treatments are viewed as a way to assist attunement of the physical with the mental and spiritual. Therefore, a prayerful attitude is important when physical treatments are administered.

Three physical treatments frequently recommended in the readings are mentioned below because of their believed potential in facilitating this attunement and coordination in a child with learning problems.

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(1) *Castor oil packs*. The value of applying castor oil packs to the right side of the abdomen of hyperactive children and children with learning disabilities has been reported by Dr. William McGarey at the A.R.E. Clinic, Inc., in Phoenix, Arizona; by Dr. Ernest Pecci, a practicing psychiatrist in Oakland, California; and by Drs. Charles Thomas Cayce and Mark Thurston at the A.R.E. Headquarters in Virginia Beach, Virginia. The results reported have been favorable, especially in that the packs help balance energies and improve physical health, intestinal absorption of foods, and behavior. Castor oil packs are thought to have a healing effect because they stimulate the lymphatic circulatory system of the body.

(2) *Spinal massage*. The readings suggest using spinal massage as a means of stimulating the coordination of the cerebrospinal and sympathetic nervous systems and of the nervous and glandular systems. The readings often reported that a discoordination along the spine was where the physical manifestation of the child's problem was located. Reported benefits of spinal massages include increased energy, better behavior control and improved health – all of which can have a positive effect on the child's attitude and his energy for learning. Another key benefit is a closer loving relationship between the child and parent.

(3) *Diet and vitamin supplements*. In his work with children with learning disabilities, Pecci (1974, 1979) reports good results with a diet that stresses high protein and elimination of rapidly absorbed carbohydrates, i.e., sugar and starches. He also suggests multivitamins (vitamins C, B-6 and E), and minerals such as zinc and calcium. Such a diet, he feels, improves the body's chemistry as well as the activity and functioning of the adrenal gland, and reduces allergic reactions. The child's brain, therefore, receives proper nutrients and has sufficient energy to function in an optimum way. Many families report that diet changes work well if the entire family is placed on the diet. Some parents have noticed significant changes in their child's learning and behavior from using the Feingold diet, which eliminates food additives and preservatives.

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Minimal Brain Dysfunction in Children

by Ernest F. Pecci, M.D.

[NOTE: Ernest F. Pecci, M.D., is a practicing psychiatrist in Oakland, California. He has worked extensively in the rehabilitation of mentally and emotionally disabled children, and his program using Cayce concepts in the treatment of hyperactive children was the subject of a recent report of the A.R.E. Clinic Research Department.

The following report comes from a lecture delivered at the 10th Annual Medical Symposium of the A.R.E. Clinic, Inc., held in Scottsdale, Arizona, January 1977.]

I've talked from time to time in the past about my work with handicapped children. Over the past ten years I've had the opportunity to be a director of a center for handicapped children. Not only could I evaluate intensively some 1500 children, but I was able to follow them every day for several years to note their progress. Also, I have working with me a staff of very highly trained professionals - psychologists, physical therapists, occupational therapists, language therapists, and so on - and gradually we developed a very sophisticated team that was able to look at these children in ways that I believe they have never been looked at before.

I've talked in the past about applying some of the Edgar Cayce principles to these children in terms of emotion and attitude. We don't call our approach the Therapeutic Touch, but we do believe in the importance of their being fondled and handled with the proper sentiment, with the feeling that some energy and love is being given to these children, and we think this brought about tremendous therapeutic change in them. We have under our care children several months old; we take all ages, and some of them are the type of children that in the past were automatically relegated to state hospitals - the so-called vegetables. What we found is that if we catch them at an early age, with the proper type of consciousness having been applied to them by other people - love and some other things I'm going to mention later - the changes were so dramatic that the turnover rate has now become fantastic. Although ours is a relatively small center in terms of the number of children we can treat at once, we've seen a great many of them because of the turnover rate. They would actually come to life, so to speak, and they would then go on to other kinds of special schools. It's amazing, the plasticity of the human brain! - its ability to respond to the right kind of stimulation and environment, and a loving kind of setting.

In addition to working with the very severely handicapped, the very severely mentally retarded, we also had a diagnostic center that worked with children who had school problems. These were the so-called minimally brain-damaged children, those with minimal learning problems - children that supposedly had normal or slightly below normal intelligence, but just couldn't make it in the classroom.

I had talked, over the years, with Dr. Bill McGarey, and he recommended the use of castor oil packs. Although I had read about this in the Edgar Cayce material, I wasn't really sold on the idea until I talked to Bill. Several years ago we began to apply castor oil packs to the right side of the child's abdomen, and we began getting some very significant results. We used this treatment with children who were lethargic and sluggish and who had poor complexion, constipation, diarrhea, gastrointestinal problems, and so on; within a matter of days, sometimes, and certainly within weeks, we would begin to see changes. They would begin to brighten up and become more alert; they would adjust to problems and tend to become more

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balanced. In time we became very intrigued with the castor oil pack, and eventually we were able to get some grant money so that we could do a more detailed study of the use of this pack in combination with other, supplemental therapies that we had developed over the years. One specific area we investigated was nutrition. The feeling that I have is that the pack helps these children to assimilate and digest their food better. Perhaps the pack takes effect through helping the lymphatic flow, as Dr. McGarey postulates. We don't really know how the castor oil pack works, but it does work better than just heating pads, which we've also tried. There's something in the castor oil that in some way penetrates to and stimulates in a healing way the lymphatic system of the circulation of the body. That still would have to be the topic of another research study to find out why the packs work. But as a clinician, I'm only interested in results right now.

I want to explain now a little bit about the point of view we began to develop in looking at handicapped children. One thing I became impressed with fairly early was that the severity of the organic brain damage - which was well documented - we knew many of them had very severe brain damage - was not related to the functioning of the child. A child with severe cerebral palsy can have close to normal intelligence, as you no doubt know. On the other hand, some children with minimal types of damage were just totally spaced out - they were not amenable to learning. So something else was operating besides the physical intactness of the brain. It seemed an obvious conclusion that the brain, like any organ of the body, needs nutrients and oxygen and the proper supply of energy in order to function, and that perhaps there were some metabolic disturbances.

Now, as we were working with the very severely handicapped, it became obvious that all the conditions that led to brain damage, such as birth trauma or whatever, had associated physical illnesses in the body. These children just were not physically well; they had gastrointestinal disorders, some had cardiac disorders, they had enzyme deficiencies of various types and a number of other kinds of disorders within the body.

One of the disorders I studied more specifically than the others was hypoadrenocorticoidism. The adrenal gland sits upon the kidneys on each side of the body; it's a small gland, and yet we could not survive without it for very long. It handles all of the nonspecific stress in the body. If the body is stressed emotionally or by any of a variety of conditions - like lack of oxygen or eating the wrong foods, which adds to the stress of the body - a good, intact adrenal gland can handle that. So whenever the adrenal gland is really healthy, you have a tremendous reserve. But when it's low and you have this tired feeling, this exhausted feeling, all kinds of disease symptoms come out: you get hypoglycemia, allergies, colds and "flu-like" symptoms; it becomes hard to think; you have poor memory; and so on. This is the result of low adrenal activity.

Now the adrenal gland can become exhausted. Chronic stress of the adrenal gland can lead to a permanent kind of low adrenal activity. But also, many children have had from birth, because of birth trauma or the physiological predisposition of the mother, low adrenal gland activity. So I began to look at the energy level of these children. Instead of asking, "What is the brain power?" or "Where's the brain damage per se?" I asked, "What is the energy level? How much energy does this child have to think?" We know that if we are very, very tired, or if we've taken a tranquilizer of some type, like a stiff martini, or if we have an illness or a cold, we are not able to think or to function mentally. If you were in this condition and someone came up to

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you and said, "Will you read these equations and try to translate this for me?" - or whatever mental task he might ask you to do at that time - you'd be likely to tell him to get lost; you would just not want to think. The brain takes a considerable amount of energy, as you know - 40 to 50 percent of the energy in the body of a person who does a lot of thinking. It does take energy to think - a tremendous amount of energy.

So I looked into the energy systems, and together with Doctor Philip Peltzman, a research man from U.C. Medical Center who did electroencephalograms (EEGs) on a research basis with the children, I began to work with children who had no discernible brain damage per se; Dr. Peltzman did detailed electrographic studies using a laser beam to analyze the results, and the data was put into computers. And he saw that the average child that is called minimally brain-damaged had absolutely no evidence of brain damage that could be found by any study we can make. Of course, the literature has shown this. In fact, what I discovered was that the term "minimal brain damage" - and this is a fact - is given specifically because there is no sign of brain damage. So they say minimal; if they could find brain damage, they'd just say brain damage. So, by definition, when you say minimal brain damage, nobody's going to be able to detect any brain damage per se; yet these children have aphasia (in other words, they hear things and it sounds like a ratchety transistor radio; they can't quite get it - they can't quite synthesize it inside - they hear the words, but they can't make sense out of them) and a number of other kinds of learning problems: they can't perceive the sequence of things; numbers and letters jump about when they try to read; they can't focus; they have problems with poor attention; and so on.

So I began to study the problems of these children in detail, and I got a number of terms which I'll just briefly share with you, because they're rather exciting, and we now train teachers to evaluate children in these terms. We found that the teachers' evaluations of these children based upon these concepts were far more valuable than the professional kind of evaluation, a one-shot deal, that they had been getting by going to diagnostic clinics. Teacher evaluations in our terms were superior to even very detailed clinical studies, because these children change from day to day.

I just want to describe briefly some of the terms we use. We talk about attention span. These children could focus on an object when the object was emitting a flashing light. If the stimulus was in some way striking to the child, the child would be drawn to it. But as far as vigilance goes, or maintaining attention on an object that was not stimulating to them, they were very poor at that. In other words, if I gave you a sheet of paper and told you to look at it, there would be no problem; you could all look at it, right? But if you had to look at it for 30 minutes, you'd have to train yourself in the ways of meditation or whatever to really focus on it for that long. Each of you would be able to focus for a variable length of time, but it would take energy; it would be work to really look at this as if you were a lookout on a ship or a radar viewer. It does take a tremendous amount of energy just to keep vigilant.

On the other hand, if there is any stimulation coming from an object, the child becomes stimulus-bound; he can't break his attention away from it. The tendency to stop being aware of repetitious stimuli is described by a number of terms, such as "habituation." As an illustration, if somebody yells "Boo!" at you, you jump out of your seat; but if he keeps on yelling "Boo!" most people will stop hearing it after a while. Or, a passing train might wake you up the first time it goes by at night, but after a time you won't hear it anymore. Changes such as these are measurable on the EEG, in that eventually the graph stops showing spikes. Now if a child with so-called minimal

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brain damage is exposed to repeated stimuli like these, he's not going to habituate; he'll become continuously tied to the stimulus, continuously stuck to it.

To understand this problem better, let's consider what the EEG can tell us about how the brain works. As you know, the brain is like an electrical cell battery - it has electrical waves. These waves have been classified as alpha, beta, delta, theta, and so on, and they can be changed by various kinds of stimuli external to the person. If you get a strong stimulus, there'll be a spike - an evoked potential, in other words - in the EEG. Now let's say we get an evoked potential by sounding a bell. Then we wait a little while and ring another bell and get another potential. We can show that, after a series of these paired stimuli, conditioning occurs; because when we stop sounding the second bell, there will still be a spike in the average person's EEG. We ring one bell, then the other bell, and there'll be two spikes; then we do one bell and no second bell, and there's still a second spike.

Now when children are brain damaged, they'll continue to have that second spike much longer than children without the so-called minimal brain damage. Expressing this clinically, we say they don't have extinction. In fact, this is the most singular feature of children who have learning problems - they don't extinguish easily. It's as if they're watching a television set and still seeing the previous moment's picture while looking at a new picture. There is difficulty in getting recent memory, long-term memory, and once they get it, they can't be unconditioned. They are really stuck with whatever they are conditioned with - they don't have extinction. They also have a slow latency period. In other words, the spike may take so many milliseconds to appear in their EEG, whereas in the average person's it may be only a fraction of a millisecond; these children take twice as long before they get the spike. I suspect that this is related to metabolic problems - such as a slow thyroid - or various other kinds of physiological problems.

I'll just mention one or two more characteristics of these children. The first involves the figure ground. To get an idea of how this works, imagine that someone is talking to you and you want to hear something else going on over there; you can sort of mentally block off the one person and hear the other sounds. But doing this takes energy. If you're talking to someone and you want to tune in to another conversation, you can do it for a while; but it's very exhausting, and after a while you become very nervous - probably without knowing why - because it drains your energy very rapidly; but you can do it. We tested this in our children by having a light flash at the same time sounds were being made, and having them try to focus on one or the other. And they had difficulty with this - they couldn't separate. Their brains didn't have the energy for this task. Or if they could do it, it was for only very brief periods of time - not for very long.

The point I want to make is that the human brain - the three dimensional brain - can focus on only one thing at a time. That's right, you can focus on and understand only one thing at a time. Now, you might think that you can listen to music while you study, or read something while you listen to a lecture, but what you would be doing if you were doing this, or seemed to be doing it, is rapidly shifting your attention back and forth between the two stimuli. Eventually you will find that you're not getting either one very well - you'd probably be getting a lot of confusion. After a while, you'd become very irritable, very exhausted; you can do this for only so long, because it requires mental energy. The same is true of just memorizing rote material. Let's say I were to put four or five numbers on the board and ask you to memorize them. After a minute I would cover them and come back with some more numbers for you to do.

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By the time I came to the third or fourth set, you'd all be very resistant, right? You'd probably be very irritable. Because doing this takes energy. Unless you're energized in some way somehow re-energized and re-motivated - you are not going to use your head for thinking because it's work. It takes a lot of energy.

We found that these difficulties are heightened in the children we're working with. When we had the teachers use check-off scales listing these items, we found that the children had a resistance to learning after a certain period of time, because there's a refractory period to all learning: after spending a certain interval in an intensive learning situation, a person reaches a point of diminishing returns, where he can't learn any more - the brain shuts off and a rest is needed. Our children reached this point very rapidly; they just could not maintain their learning set for very long. And I see this as indicating a lack of total body energy. Even though there was no real evidence that they had brain damage per se, they did not have the energy to think or learn. As a matter of fact, children who we knew had brain damage, such as hydrocephalus, or abnormal EEGs were doing considerably better in some areas than our children were. So the problem had to be something other than brain damage.

Where could this energy depletion be coming from? Why didn't these children have a normal amount of energy? Well, we looked at the mothers' histories very carefully, and we found that invariably the mother had had some problem, such as hypoglycemia, at some time, either 'as a child or during pregnancy; thyroid disturbances of one type or another; allergic tendencies; and swelling or unusually severe nausea during the pregnancy. A number of these symptoms were considered routine at the time and were not really looked at as being unusual. They are the subtle kinds of things that we don't have the laboratory tests to make exciting discoveries about at this point. But when we talked with the mothers at great length, we could see that they had not been comfortable during pregnancy - they had had swelling, edema, or some kind of allergic condition. In fact, I believe that mothers can be allergic to their own babies.

Looking over these 1500 children, we were able to describe a number of syndromes, such as the "unwanted child syndrome." I would like to describe briefly this particular syndrome. In examining a number of adopted children and those who admittedly were unplanned and unwanted by their mothers, we have been fairly consistently able to detect a variety of subtle sensorimotor integration and learning problems that lend evidence to the idea that psychological rejection has a physiological and metabolic impact upon the fetus.

Now it's true that with almost anything you discover in terms of pregnancy complications or health problems in children, you'll find people who had these problems and did well. They had the stamina, they had other things going for them and could overcome the physical difficulties. This doesn't mean that the condition did not impose a great strain upon the body. So some people can have allergies, and when they're feeling really well the allergies are minimal, but at other times the allergies are really overwhelming to them. We found that with some mothers certain conditions tended to run in the families; there was a predisposition to having hyperactive children, children with learning disabilities of various types; there was incoordination in the other members of the family, and more than one child tended to have it. It tended to be more common in the boys than the girls, and I believe this is because females have larger adrenal glands - at least in animals they do - and I think this might have something to do with the extra X chromosome. But certainly women

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can stand much greater stress than men. Ashley Montague, the anthropologist, has made a great point of this in one of his recent books.

So we began asking, "What are some of the causes of these conditions?" We'd found birth trauma and poor nutrition or other complications during the pregnancy - like the mother having flu or some other illness. But what about events after the pregnancy? We discovered that these children had varying degrees of malnutrition, and this is rather subtle. Although we generally don't expect to find much undernourishment in this country, we really don't have very high standards for nutrition. Children would come to us and we would say, "Wow! Just look at this kid - an obvious case of malnutrition!" But nobody had really been aware of it. They'd just say, for example, that the child wasn't unlike his friends. Also, many of them were eating junk foods - especially sugar, and sugar is poison to children, all children. Just taking children off sugar would bring about a great subjective improvement in a matter of days. It takes four or five days to get this kind of junk food out of the system.

But in addition to this, there are a lot of dead foods being eaten. Processed foods are dead foods, and people who are psychic, who have healing hands, who can feel energy around foods and people, can feel that certain foods - like the food we had on the plane coming over here - is dead food; it has no life at all - there is no nutritional value whatsoever in this food. And most of the foods we are eating now are just dead foods; there's no nutritional value in them. But in order to make these foods alive, the producers put nitrate and nitrites in them. Or they wash them in a chelating solution to make green peas look green, and in the process they wash out the zinc. There are at least 30 states in the Union that have zinc deficiency as a common problem. Zinc deficiency is so common that if people are depressed, or losing their hair, or troubled by menopausal symptoms, or impotent, you give them zinc and often it's almost like a miracle drug. And there are many other vitamins and minerals that the average person is missing.

Now, a rapidly growing child who is eating junk foods and sugar, has metabolic imbalances, has colic and is not digesting properly - usually he will have diarrhea and other digestive problems - is a sitting duck for having a metabolic system that's going to provide very low energy. He's going to be at the bottom of his reserve. You see, we normally have so much reserve that we can function on our reserve and look normal even under stress, but we tend to fluctuate between an extreme of good days and bad days when we're on the borderline of our reserve. And these children - well, some days these kids are all right and some days they're really bad.

We also learned that hyperactivity in children is not due to an overabundance of energy. On the contrary, when children do not get a good night's sleep, they become hyperactive. And you who have children know that when a child goes on beyond his usual bedtime and gets overtired, he becomes hyperactive; you can't get him to sit down and relax. Hyperactive children have low energy, and just as you can stimulate a tired horse by giving it Ritalin, amphetamine or caffeine, we give these children with low energy something to pep them up, and they become tranquilized, because they balance their energies. You may say that this is a contradiction: giving children pep pills and having them relax! But it's not a contradiction at all; they have low, unbalanced energy, irritability, and you give them something that raises their energy level a little bit, and they are able to relax. More precisely, they now have the energy to pay attention. If you want to see if a child is really well put together, just determine

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whether he can sit still. It's very hard just to sit still and listen, isn't it? It takes a lot more energy not to be hyperactive than to be hyperactive.

Before going into the research proper, I want to mention a little more about allergies - food allergies. It is believed that about 80 percent of the population is under some kind of stress from food allergy, and most of them are not aware of it. Many people have an abnormal reaction to food; perhaps they're absorbing the food antigens from their food and not digesting it properly. The body has to deal with that, and maybe it's doing it automatically, so that these people are not aware of the fact that it's draining them. But this may be causing them to have good days and bad days, depending on the foods that they eat. As early as 1898, a man named Baker described the allergic fatigue syndrome in children: when they're allergic, they're fatigued. And often these allergies are subtle; they don't come out in obvious symptoms, like runny noses. The most suspect foods are cereal grains, dairy products, sugars, eggs, chocolate, potatoes and tomatoes, so we would selectively take some of these kinds of foods out of the diet. Now one characteristic of allergic reactions is that they can interfere with the maturation of tissues - in other words, growth - so a lot of children with these allergies look young, immature, for their age. Immaturity is one of the most common complaints. They often don't mature at a normal rate.

Another characteristic of allergy is that it can cause edema and swelling, which in turn may create foginess in the brain - the kind of edema, for example, that women who have menstrual cramps have. It is believed that some severe menstrual problems are due to an allergy to progesterone, or whatever, and the allergy causes this foginess in thinking and irritability. It can also close off oxygen to brain tissues.

What we also saw in, I'd say, over 90 percent of the children with learning disabilities is that they have very specific problems with sensorimotor integration and coordination. I want to discuss this very briefly. We had to develop new techniques for evaluating this, because these children will pass the usual neurological exam. However, they have a number of subtle kinds of things that we learned over the years to look for and spot, and if five of us were to see the same child independently we would come up with the same conclusions. So it isn't just our imaginations. We base our findings on what may be called "soft signs," because you can't put your finger on them exactly. But we find that they are very significant to us.

Also, allergic reactions usually result in hypothyroidism and hypoadrenocorticoidism. A lot of these children, and even many adults, are said to have low thyroid activity, and they're given two or three grains of thyroid extract without much result. They keep raising the amount of thyroid given, and the problem is due to an allergic reaction within.

I would like to quote a paper written in 1975 by Dr. William Philpott, a psychiatrist in Oklahoma who made a life study of allergy in adults and children. He's doing some very good work with schizophrenics and people in a variety of psychotic states. He says: "Allergic-like reactions can affect any tissue in the body. The central nervous system, the brain, may be the main organ affected, rather than the skin; this is especially true of children. You don't usually get runny noses, watering eyes, itching skin, hives, respiratory symptoms or gastrointestinal symptoms. Instead you get what is called minimal brain damage. A child's brain is not working right. Moreover, even if a child does have a runny nose, allergic reactions, skin rashes and so on, as he continues to be exposed to the allergy producing substance, these common symptoms will disappear, so that you'll begin to feel that the child has outgrown his

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problem. But there'll be a chronic stress to the body, and this will lead to central nervous system symptoms." Philpott says that the infant who is allergic to milk or corn may in later childhood frequently eat dairy or corn products under the assumption that he has outgrown his reactions to these substances, only to develop symptoms like hyperactivity, lethargy, insomnia, short attention span, poor concentration, etc. And if exposure continues, behavior problems can and often do result; these are secondary to the poor learning of social behaviors and arise because of the child's feeling stupid or dumb in a class in which he's not functioning very well.

As I've been looking into this problem I've discovered a number of possibilities, and I want to go into just one more of these. In the literature, it's been fairly uniformly estimated that 15 to 20 percent of the children in our classrooms today have learning problems - 15 to 20 percent. What's going on? I mean, there's something really very global going on, and it's not being looked at. There's something wrong with these children. They are getting something toxic, they're not eating well, they're malnourished; something is happening that we should begin to look at. The problem deserves some investigation and effort beyond what we're now doing, which is pretty much limited to defining them as minimally brain-damaged, doing some psychological testing and putting them in special classes.

Let me just give you one of a number of things that can be considered. There's good evidence that a nutritionally deficient state increases or creates allergic reactions. This has to do with the balancing of protein. General health can help offset allergic tendencies, allergic reactions. Researchers have done an experiment which demonstrates that pregnant rats deprived of vitamin B-6 give birth to allergic offspring. B-6 is the precursor to 50 enzymes, and in the face of deficiency of some of these enzymes, allergies develop. Now it is pretty much felt that the majority of the population is marginally deficient in B-6. In fact, it's believed that the nausea and vomiting of pregnancy this has been studied and pretty well documented - is often due to B-6 deficiency. B-6 can handle the symptoms of nausea and vomiting. It can be given to handle seizures in little children. Now, the contraceptive pill depletes the body of B-6. This should be known by everyone who takes the pill. You should be taking at least 100 to 200 mg. of B-6 a day if you are taking the pill. Mothers who've been on the pill for a prolonged period of time become B-6 deficient; when they have children, the history shows that they have excessive nausea throughout the pregnancy and they get allergic children.

If allergy runs in the family, then the child is a higher risk. In fact, I believe that if other members of the family have certain allergies and one child seems not to have it, the child probably does have it but is showing it in other ways. So what happens is that these children sometimes get a psychiatric diagnosis. When they have this allergic kind of symptom, they often have subnormal adrenal activity, low tolerance of stress, low coping ability - they seem to have low thyroid activity, but it may come out borderline normal. This is the way they present it. They have difficulty concentrating; they fatigue easily; they're hyperirritable; they crave sweets. You know, when you have low energy you've got a sweet tooth, you want sweets, and the more sweets you get the more you want. These children may crave salt, which is even more diagnostic of low adrenal activity. They get frequent colds, muscular pains or various other problems or weaknesses in the muscles, incoordination and allergies. We found that the cerebellum tends to be the most susceptible target organ. Incidentally, the cerebellum won't grow normally if you don't get enough emotional kinds of support, too; this has been shown in monkeys. And so we see children who have

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poor balance and a number of coordination problems based upon a poorly developed cerebellum, which is due to allergies and/or emotional deprivation.

We wanted to study this in a little more detail, and, within the limits of our grant, we were able to focus upon a limited population. Actually, we were trying to document what we already knew clinically to be true. We got the cooperation of the Valley Elementary School in Concord, where they have several EH (Educationally Handicapped) programs, and we used three of their classrooms for our study. We divided our sample randomly; half of the children would have the castor oil packs and the vitamin regimen and a special diet, and the other half would receive no treatment whatsoever.

I want to mention briefly what the treatments were. The castor oil pack you may all be familiar with, so I'll just go into that briefly. It's a heated pack of flannel soaked in castor oil and placed over the right side of the child's abdomen for one hour before bedtime. It's used about four or five days the first week, three days the following week, and a couple of days the week after that. And the children really like it after they get used to the idea and after the mothers get over their nervousness about the mess and learn how to handle it properly. The children like it and ask for it - it's very soothing. Another attraction of the pack is that, especially if the children get some attention while it's being applied, they get a lot of secondary gain from having it on them. We really have not had many problems with putting this pack on children. And the parents would notice within days the soothing effect of the pack. It's great for balancing the energies, and I think it's balancing energies in some way within these children. Plus I think it does have the secondary effect of helping intestinal absorption, because within a day or two diarrhea and constipation are helped significantly in most of these children. It's quite amazing.

At any rate, we then gave them a proper diet. Now, we did it in a general way; we did not specifically treat these children for a specifically diagnosable condition - we didn't even diagnose this group. We just said, "Let's give them a proper diet and take away the junk food." We put them on a high-protein diet and took them off sugar, jellies, starches and so on. Primarily it was a very basic diet that would be healthful for anyone. In the beginning, certain cereal grains and milk were eliminated, with alternatives being given in their place, though they were reinstated later on. High-protein foods and natural sugars, like those in fruits, were used, and we kept the children away from fried foods, starchy foods, and so on. I think starchy foods increase the acidity of the blood, which increases hyperactivity. We also put them on basic anti-stress vitamins. I found that vitamin C, vitamin E and vitamin B-6, as well as the good multiple vitamins, were the best vitamins to give in terms of helping the adrenal activity and overcoming stress. They were also given zinc and some other minerals such as calcium.

For the evaluation of the children we used psychological testing, but I felt that the feedback from the parents would be more important. We had a Parent Symptom Inventory, in which the parents listed the symptoms that they had noticed in their children since birth. These symptoms included sleep disturbances, colic, irritability, fevers with unknown causes, and the tendency to get infections. This helped us to pinpoint specific areas that may have been deficient in the child. We had 78 items on the Symptom Inventory. Included in it were a number of behavioral types of items, like "won't listen," "seems to feel no pain," and "is overly sensitive to reprimands." We found high correlation between parents who noted emotional problems and those who put down physical problems; there was almost a one-to-one correlation - the

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more physical problems they put down, the more emotional problems they listed. These children were being accused of being disobedient because they couldn't keep themselves still, because they were oversensitive, or because they were overly rambunctious in various ways and developed some pathologic patterns in terms of control.

A lot of these children had other kinds of kinesthetic problems, which involved feeling as well as vision and hearing. For example, they seemed insensitive to deep pain - at times they didn't seem to mind pain; and some were overly susceptible to tickling. And we made a number of these kinds of correlations, involving all of the five senses. What was apparent was that when a person's energy is very low, he becomes over susceptible to sounds - hearing becomes overly acute. When the adrenal glands are low the sense of smell is increased 100,000 times; so these children go around sniffing and smelling. They have increased smell and increased hearing, but it's not always modulated properly, so they get frightened and put their hands over their ears at times. At other times they seem not to hear, because they can't integrate the sounds.

Like the parents, the teachers were instructed to fill out a rating scale, based on the behavior they noted in the classroom. I'll note some of those items very quickly. "Sluggish mentation": that's very significant; it's as if they can get the answer, but it's sluggish. "Sluggish thinking": that's metabolic, you see. "Resisting change of set": whenever you are doing something, it takes energy to shift activities; these children didn't want to shift - they got irritable and just couldn't shift. And they lacked what we call "cognitive drive." They lacked that drive of curiosity that children should have. We can get children with very severe brain damage that are very curious and want to do things; but these children lack that drive - they don't care about learning, they're not interested. This suggests that something is wrong with their metabolism. These children are easily mentally fatigued. They get caught up with vestibular-sensory activities, spinning and soon. They are easily confused. They're environmentally unaware; it takes them a long while to orient themselves to situations. They have good days and bad days. Their learning is variable; that's very significant. They are hyperactive and easily distracted. We split that type of behavior up into various categories. They are impulsive and lacking internal controls; you see, it takes energy for the ego to apply internal controls - it's much easier to be impulsive. Some of the other items on the Symptom Inventory are: "low frustration tolerance"; "lack sensory inhibition"; "delayed extinction"; some of the other terms I've listed, like "poor auditory discrimination"; "emotionally labile", the children tend to giggle a lot or are inappropriately apathetic at times; "explosive"; and "immature for their age."

The teachers were delighted to fill out this inventory, because it seemed as if I were pinpointing their children's problems on just one questionnaire. And, you know, this form proved more valuable to me than a neurological exam. We could pinpoint the various problem areas, and we could also evaluate changes in the children, based upon the teachers' subjective impressions of what they were noting in the classroom.

We did a very detailed fine motor evaluation of these children. And this takes a special kind of expertise that I think can be developed only over a number of years; it takes experience to see subtle abnormalities in motor tone, for example. These children would be hypotonic - flabby of tone; or they would be dystonic - just sort of jerky, with unsteady tone; or hypertonic - their tone was tight, it wasn't being modulated. They would hold their hands in a funny way. This indicates, to our

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minds, a sensorimotor problem. We developed dozens of these kinds of observations. We could watch a child for even 10 minutes, as he was reaching for a toy or performing some other everyday actions, and our pencils would be going like mad as we'd be picking up all the different deficits this child had, based upon the things we had learned to observe. We also tested them for fatigue - perhaps they could do a certain task fine, but how quickly did they get fatigued from doing it? We also differentiated between fine motor and gross motor problems. We developed techniques to evaluate these children and put them into certain categories: the dyspractic kids versus the kids with sensorimotor difficulties versus the kids with right-left midline problems, and so on. I want to add again that as we put the children into these different categories, each member of the team independently would come to the same conclusion, so it was not just whimsy. There were very definite things that we were all seeing in these children.

Now I'd like to get into the results of our study. We had, as I laid, the parents of both the test-group and the control group fill out a Symptom Inventory, checking off, from the list of 70 items (allergy, colic, and so on), any that were applicable in their child's medical history. We found that the two groups were pretty similar; there was no statistically significant difference in the number of items checked by the parents. We did find that out of the total number of symptoms an average of 28 items was checked off by the parents - 28 different kinds of things, like sleep disturbance, colic or allergy to food. I hope you understand that there were quite a few items, and any one of you who has a perfectly healthy child would check off a few items. In fact, we found that in a good, healthy population five was the average number checked off, but no parent checked off more than eight in a really healthy-looking population - one in which we couldn't find anything wrong. But in our test populations the average was 28, with a high of 49 and a low of 17 being checked off. So even the very lowest was double what a healthy child's parents would check off in terms of physical problems. It starts to make some sense that there is a correlation here between medical problems and learning problems.

The items that were most commonly checked off were those related to feeding problems: "food intolerances"; "doesn't care to eat"; - isn't hungry; "can't stand certain foods"; "craving for sweets"; "finicky eater"; voracious eater - "eating all the time and always hungry, but not gaining weight." The second most frequently noted category was sleep disturbances of various types, and the third was behavior disturbances due to irritability, unpredictability and a low frustration tolerance; these problems made the children resistant to discipline, negativistic, explosive and destructive of toys.

On the side, I was also interested in some other symptoms that were not recorded as often. Many of the parents - up to 50 percent of them in some cases - noted hypersensitivity to sounds and smells, bedwetting until age 8, and accident proneness. But only one of the children in the whole study had a history of seizures. And none had definable brain damage detectable by the EEG studies that Dr. Peltzman did or by any of the neurological exams that they had had previous to the beginning of the school program. Lots of laboratory studies and a great deal of psychological testing had been done within the school, and nothing at all of note had been found.

The teachers' rating scales showed that all the children in both groups had some difficulty, and what they recorded most commonly was poor attention span, as manifested by distractibility or hyperactivity, and we differentiate between the two. We termed a child distractible if, when he was doing something and there was

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something going on around him, he could not resist being distracted by it - in other words, if he could not focus and keep vigilant on whatever he was doing. This is different from hyperactivity, which is being driven from within to move and push. This is a kind of inner irritability and nervousness that shows up in lability of mood and a wide variation in behavior from one day to the next. You can see a child with this problem come in, and you can say, "Oh, oh, Jimmy's going to have a bad day today." Hyperactivity can cause mood swings, poor memory, a tendency to become easily confused and an inability to relate well with other children.

In general, in talking with the teachers I was made aware that the children of both groups were universally seen as immature, extremely sensitive to criticism, impulsive in behavior and having a decreased refractory period to learning - in other words, they quickly reached the point where the brain turns off and they are unable to learn any more. If you try to push a child beyond that, he will become so negative toward the learning situation that it will be very difficult to engage him the next day. So, when I'm working with teachers in the classroom, I tell them that they have to evaluate that refractory period in the child and not go beyond it; but they should also be careful not to be taken in when the child whimpers or whatever. They have to know, they have to be able to judge him. Well, these children have a very brief refractory period; they can get only so much, and then they've had it, they can't learn any more, and they become hyperactive and distractible.

Then we checked each child's sensorimotor development, using our soft-sign observations. We rated them in 20 different categories, including muscle tone, muscle strength, fatigability, coordination, fine motor control, tactile sensation, kineesthesia, hyperactivity, eye tracking, balancing, sequencing and motor planning. We used a 3-point scale for each item in this evaluation: a rating of 1 indicated no abnormality, 2 showed mild abnormality, and 3 meant the child had obvious problems. Again, we had several therapists evaluate each child, and their evaluations correlated beautifully with one another. We found that all the children in both groups had significant problems in at least three or more of the categories listed above. In fact, I can say categorically that we almost never - I feel like saying never - see a child with significant learning disabilities who does not also have sensorimotor problems or coordination problems of some type.

Well, let's go into the results. We had a nurse that worked with the parents to see that the proper regimen was adhered to - the proper diet, which the whole family could take, and the vitamins. The diet wasn't really a hardship. Cost-wise, it was less expensive than the junk food diets they had been on. We had money from the A.R.E. that provided vitamins, castor oil packs and the time of Dr. Peltzman, so the parents did not have to pay to participate in this program. Most of the really expensive items - like the equipment, my time and the time of the professional staff - were funded by the County Medical Services. So a reasonably small grant got us a relatively good study. We are hoping we can follow this through next year with a grant that will provide a little bit more money, so that we can do a bigger study.

After four to five weeks we re-evaluated the children. I want to go through briefly some of the findings we obtained from the re-evaluations. Most of the findings were based on the parents' subjective observations, and these were dramatic. There were no significant changes in the children that were in the control study, in terms of the parents' subjective feelings and the teachers' feelings about changes in the classroom. In the test group, on the other hand, all but two of the children - who had midline problems and showed relatively little change - had very dramatic subjectively

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measured changes. I'll just give descriptions of a few of them. Incidentally, we took all of these children off all medication. None of them was on medication during this project.

A boy, age 12: "Sleep problems much improved, with a concomitant reduction in hyperactivity." Again, I see sleep problems and hyperactivity improving together. Incidentally, what the parents told us made sense, so we could tell whether they were just showing the placebo effect or the effect of enthusiasm over being in the project. This, together with the fact that when something didn't improve they admitted it, suggested that they were being honest in their observations.

A boy, age 9: "Much less hyperactivity; less excitable; he talks less; has begun putting on weight." This boy had been eating all the time and not gaining weight. "Less easily fatigued; not tired late afternoons," and so on.

A boy, age 11: "Sleeping pattern improved" - again. "Gaining weight; appears stronger; vision somehow appears improved."

A girl, age 12: "Her spells of dizziness have disappeared; a decrease in her craving for sweets; bed rocking has diminished; her complexion has greatly improved."

A girl, age 11: "Skin color has improved; calmer, less driven; she talks more relatedly."

These children began to relate and talk to other people much better than they had before.

A boy, age 12 (This is after only four weeks of the very general regimen, a nonspecific, general regimen of just good health which every child in the country should be on - probably including the castor oil packs;!): "His memory is better; frustration tolerance improved," and so on. Other similar findings were noted, with the teachers commenting that they were very impressed that the child "can now sit still; he now listens and is less disobedient." Things they had thought were just emotional problems began to disappear. These difficulties had arisen because the child was not able to relate in other ways, and so was reacting out of his own driven nature, his own bad feelings; he had not been feeling good, not been able to concentrate, and he was acting accordingly. As soon as he felt good and alert, he got centered and his behavior became more cooperative, because every child does want to cooperate, every child wants to please if he possibly can. When you get a child who's not cooperative, as a general rule it's because he's given up hope of pleasing or he just can't be pleasing on some expected levels.

On the sensorimotor testing we saw some very definite changes - and again, we had different therapists testing the children, and the results were very consistent. We saw significant changes in the area of tactile sensation. You see, with poor diet, allergies, food additives, toxic reactions, and so on, all of the sensory organs of the body are affected. So the vision is affected somewhat, as are the ears; the children get aphasia, and the kinesthetic sense, smell, everything is affected. So we saw that tactile sensation was much different, and we tested that in a number of ways - feeling coins, feeling feathers, tickling; we used several different tests, and there was a definite improvement. Stereognosis is a test in which you put things in a person's hands behind his back, and you see if he can tell you what's in his hands; these children had been very poor at this before the program, but they became very good at it afterwards.

For some reason, the two children who didn't do so well were those whose primary difficulties were midline problems - they had an imbalance. This is a subtle problem that, incidentally, a lot of children have. People with this condition have trouble with

impulses going from one half of the brain to the other. Because they can't effectively cross the brain's midline, the two halves; of the body are not well coordinated with each other; the left hand is not really tuned in to the right, they have reading and learning problems, and soon. The two children in our study who had this trouble did not seem to have as many metabolic problems as the others, and they did not seem to benefit as much from the regimen. I felt that having a couple of children who didn't do that well was a good indication of the validity of our study.

On the whole, the control group showed no significant changes on retesting. Incidentally, none of the people who did the testing was made aware of who was in the control group and who was not. It was difficult, perhaps; for us to do a double-blind study as far as the teachers were concerned, because the children in the test group were taking good protein sandwiches and good food to school, while those in the control group were not, so the teachers could guess who was in which group. But, although it wasn't a completely double-blind study, no one was really told or given a list of who was in the control group and who was not.

Detailed psychological testing was done, the results of which were not significant over four weeks. One reason for this was that all of the children in both groups showed much variability. We just do not have sophisticated enough tests to show the week-by-week changes in children, and they do change dramatically week by week. At first we were all very excited, because all of the children in the test group did fantastically better on psychological retesting, but then we found that the children in the control group had also done better. Some of this could have been due to a learning experience regarding how to take these tests. At any rate, there was no significant difference between the two groups.

Let me just summarize. The current literature right now has a great deal of evidence that body chemistry is important to brain functioning. I'm glad to see this, because, you know, I had these feelings seven or eight years ago, and now the literature is starting to show that some of this makes sense. The brain, like any major organ in the body, requires a continuous supply of glucose, oxygen and the optimum amount of amino acids, along with enzymes and hormonal substances to mediate the effective use of these nutrients; this supply is essential in order to meet the energy demands of a new learning situation. So the brain is put to a tremendous stress, and it needs everything that it can possibly have going for it in order to function properly, even when it's totally intact.

Case histories show that the preponderance of children suffering from behavioral disorders and poor school performance have digestive system complaints, sleep problems, a low tolerance of stress, and the inability to modulate their energies. Many of them have mothers who have had similar problems or problems with the pregnancy that show very subtle metabolic imbalances; many have fathers with similar problems. So there's a predisposition, a history of it in the family.

And this study has shown that there is some evidence that a regimen of proper diet, vitamins and castor oil packs did bring about positive changes in the treatment group that were not seen in the controls. In general, there was a calming effect, with reduction in hyperactive behavior and improvement in memory and concentration. The therapy evaluations indicated that treatment improved proprioceptive and kinesthetic behavior, with secondary improvement in muscle tone and fatigability. The psychological testing produced less distinctive results, and it was felt that other tools were needed to assess mild changes in psychological performance over a brief period of time. Similarly, the electroencephalogram was not sufficiently sensitive to

record the subtle changes. We hope to be doing more with that in the future, and I believe that, if the study is conducted over a six-month period instead of a four week period, we'll start seeing electroencephalographic changes in the children in terms of the things that I've mentioned before.

I think that studies like this should motivate us; to develop more refined biochemical measures of hormonal, enzymatic and nutritional levels in the blood and urine of children, and to try to reach a deeper understanding of the complex interplay among all of these factors. I believe we should begin to look at our children from a much more expanded point of view, one that takes into account the total person; this new perspective will include not only emotional and physical considerations, but environmental and nutritional ones as well. And this approach fits in very well with the precepts given in the Edgar Cayce readings.

The Relationship between Emotion and Function in Children: A Report on the Use of Castor Oil Packs

NOTE: In January 13-16, 1972, Dr. Pecci presented a report to the A.R.E. Medical Symposium of the A.R.E. Clinic, Inc. about his earlier work with severely physically handicapped and mentally retarded children of all ages. Excerpted from this is the following:

"To children, thoughts and feelings are things as solid and as real as the world we can touch. There is a tendency to believe that children at birth are totally unaware and indifferent to how they are handled. Yet new research is now indicating that even from the womb, from the fifth month on, the fetus is responsive to the moods of the mother. Their electrocardiograms and electroencephalograms show predictable changes when the mother is angry or otherwise upset.

"I have been able to regress some patients under hypnosis back to the womb where they were able to re-experience intense feelings of fear and anxiety because they were unwanted. I am beginning to see what I believe is a syndrome of unusual communication and language problems in children who suffered intense maternal rejection while in the womb. Similarly, patients regressed back to the time of birth recount the horror of rough handling, noisy incubators, and burning bright lights.

"The common practice of taking babies to a nursery immediately after birth and given only water for the first six to twelve hours is deplorable. For one thing this subjects certain predisposed infants to hypoglycemia which usually goes undetected, but which could be an important cause of "minimal brain damage" not diagnosed until they reach school age. The newborn infant should be placed upon his mother's breast immediately after birth to establish a crucial physical and emotional contact. Not only are the gamma-globulins in the colostrum vital to the health of the newborn, but nursing helps to establish eye contact between the mother and infant. If you will watch a baby nursing, you will see the tendency to fixate the eyes upon the mother from whom love and acceptance comes. Real love is communicated almost solely through the eyes.

"Children especially are always posing the unasked question: 'Who am I?' And the answer comes back to them in their mother's eyes. No wonder then that retarded, deformed, or emotionally-disturbed children often refuse to make eye contact. They see too much in the eyes which they don't want to see. There is a tendency for small

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children who feel unloved to refuse to eat and waste away. A syndrome of pituitary dwarfism has recently been described in children with chronically depressed mothers. Apparently the entire endocrine system is suppressed by the depression of the mother which somehow is communicated to the child. One of the most difficult things for any parent to accept is the fact that a child is severely retarded.

"I would like to describe the centers where I work which have been putting into practice many of the principles of Edgar Cayce regarding the unity and the sacredness of the body and the mind.

"The George Miller, Jr., Centers are located on twin sites in Contra Costa County in California. They provide diagnostic and evaluation services, as well as a full-day treatment program for severely physically handicapped and mentally retarded children of all ages. Many of these children, when they come to us, have an unmeasureably low IQ, and represent the 'vegetables' who were automatically relegated to a state institution in the past.

"We have found, that, with the cooperation of the parents, we can bring new life and awareness into these children that was never believed possible before. While working with these children, I realized how little I had learned in medical school about health. Most of the medicine as practiced in this country today is involved with eliminating symptoms by poisoning healthy systems in order to re-establish a balance within the body. Thus, we poison the enzyme system of the kidney to prevent salt retention, poison the regulatory mechanisms from raising body temperature, and poison the nervous system to eliminate pain, anxiety, and depression. The patient is less healthy, but at least symptom free. To me this is not healing, and obviously this approach would be eventually fatal to these children who are struggling in a delicate balance for their lives.

"In my search for a harmless, yet effective, therapeutic tool, I was encouraged by the results which Dr. William McGarey had reported on the use of the castor oil pack with hyperactive children and children with seizure problems. Admittedly, I had a difficult time initially in selling my staff upon the idea of using something as unorthodox as a castor oil pack upon these children. Since I happened to be the director, they decided to humor me. An initial pilot study of 16 cases produced positive, and often dramatic, results in every case within 2 to 4 weeks from the initiation of therapy,

"In several instances no categorical diagnosis was present, but the selected subjects had symptoms believed to be associated with partial endocrine or metabolic malfunction. They were pale and frail, falling below the third percentile in height and weight, nervous and hyper-irritable, frigid, emaciated as though not utilizing or ingesting digested food, constipated, narcoleptic, hyperactive and listless with poor appetite. Some had seizures, poor circulation or one of the above-mentioned endocrine disorders. These symptoms were not responsive to any form of medication or educational program planning.

"Hot castor oil packs were applied daily for one hour on the patient's abdomen and 500 mg. of Vitamin C along with 200 I.U. of Vitamin E were administered. The castor oil was believed to be helpful due to its property of penetrating the deeper layers, carrying heat with it, thus affecting the internal organs, glands and G.I. tract. In all 16 cases, there was a notable improvement in the patient's general health, appearance and responsiveness, along with a significant diminution of the associated symptomatology.

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"The following are descriptions of sample cases from this pilot study. The treatments were administered by the school nurse and observations obtained from the nurse, teachers and therapists.

"One 3-year-old girl, diagnosed as Organic Infantile Autism was grossly underweight, constipated, was an air swallower and had a distended abdomen. Following a few weeks of daily hot castor oil applications and Vitamins C and E intake, her abdominal distention completely disappeared, circulation improved, weight was gained, and she was able to expel large quantities of gas and have excellent daily bowel movements.

"An 8-month-old girl with a mild developmental lag and generally poor physical condition, showed improved circulation, skin tone, muscle tone and learning ability within a few weeks following treatment.

"Another girl of 8 years, thin, nervous and showing an intellectual lag, especially in reading, improved in general health. She is now able to relate better both at school and home, and was placed in and able to succeed in a special education class.

"An 11-year-old emaciated boy with poor skin color and environmental unawareness had his appetite improved along with his general skin color and tone. He could afterwards for the first time handle textured foods, show an interest in school activities and much more awareness of peers and staff members.

"Another 2-year-old spastic quadriplegic boy with microcephaly had severe constipation, poor color, minimal alertness, and considerable developmental lag. The rapid improvement in his color and alertness to people and general environment was considered 'incredible.' His bowel movements became normal, locomotion on the floor increased along with tolerance for a 'standing board' used in the classroom.

"Remarkable results were also attained with a 'narcoleptic,' congenitally brain damaged boy of 1 1/2 years who was totally limp and slept most of the day. After treatment he remained awake and responsive during the afternoon with the usual programmed post-luncheon nap.

"Seizure activity was notably reduced in a 10-year-old girl with congenital cerebral defect. Prior to treatment she had approximately 10 to 15 petit mal and 1 or 2 grand mal seizures per day. She has not had any grand mal seizures for months now, and her petit mals have been reduced to about 2 per day.

"A spastic 4-year-old girl with convulsive disorders had her pale skin color and appetite improved. She also became less hyperactive, more alert and responsive, and developed a higher frustration tolerance.

"Finally, one 2-year-old boy with familial endocrinopathy noted for his hyperactivity, dry skin, lack of speech, asocial behavior and notable developmental lags became less irritable, more responsive to people and more purposively active, but less hyperactive. His sleep pattern improved, and he began to speak....

"In summary, we are trying to demonstrate at our centers that even the severely brain damaged and handicapped child is capable of much learning through special training. More important, there is a soul within each individual that makes him a partner to us in sharing the experience of life. Our society tends to put a value upon life based upon potential productivity. But we have learned that these children have something more important to offer us - the opportunity of sharing in the joy of that small step forward. It is what life is really all about. And has it not been written: 'He who ministers to these the least of my children, it will be as if he had done it for Me.'"

Extracts on Behavioral Problems

233-1, 2-year-old boy

DURING this period - while this is attached, and the body lying prone, and as it goes into slumber, or as it is spoken to, to rest, or bring rest - give those mental suggestions to the body as will bring the physical and spiritual and mental well being to the body, declaring to the inmost forces and sources of this body, [233] - although the child, the baby - two years old, see? This should be the message to the inmost being: That the physical and spiritual and mental will build through those divine sources, that the physical may manifest those spiritual and mental attributes of the creative forces in the universe. This, as we see, should be the message, in the words of the mother or of the reader that may give this to the body.

Be persistent and consistent, keeping those forces for the physical development - in nourishment and such; much in the way as has been given. Supplying that necessary action in the atomic forces through these vibrations as will be set up, and that necessary spiritual and mental development as will be brought through those suggestions given while this operates in the body. Do that.

466-3, 15-year-old girl

(Q) Why does she ball her fist up and keep it thrust in her mouth so much of the time? How can this be overcome?

(A) The natural reactions from the attempts of the body to find self-expression.

The applications of these things as indicated should gradually change these, as well as to make suggestions to the body while the massage is being given. The massages will be most pleasant treatment to the body - that's with the oils, to be sure.

536-1, 6-year-old boy

(Q) Is his stubbornness due to his nerves?

(A) This has just been given. The reactions in the nervous system are from physical conditions, rather than from those things that have been accredited to "spoiling."

During the period these treatments are being administered, it would be well - as the body goes to sleep - that the mother give suggestions to him for what is desired in the controlling of the body. Give such suggestions in a positive manner, but THINK and ACT herself like the suggestions are given! Don't speak one way and, in the waking state of the body, act another!

If these would be followed, we will find we will bring what is desired to be accomplished in controlling the body.

758-40, 14-year-old boy

As we find, there are in the present those inclinations and those tendencies for much better conditions. While as has been given it will take time to bring about the coordination between the mental impulse and the physical reactions in the system, these are consequences of the conditions that have been given again and again.

We find that, unless the advantage is taken at the present time of those changes that are nature's change in the physical aspects of the body, these will not be brought into conditions of a coordination sufficient for the body to function normally in this experience. However, if all of those things that have been indicated are brought about during the next year or eighteen months, there should be a change that will be MOST helpful; and the abilities of the body mentally and physically for the caring for self should be established in the physical and mental reactions of the body.

The applications that are being made in the corrections osteopathically are very good.

We would find that if there were periods of the application of the Castor Oil Packs over the caecum and the lacteal ducts area, yea extending AROUND the body from the ducts and glands on the left side, around the body, these would make for relaxations that would bring about such changes WITH the applications now given as to overcome those tendencies for the incoordinating reactions or spells during any period. These are the effects rather of the ducts and glands through the muscular forces, and the incoordination between the mental impulse, the activity of digestive forces. We would encircle the body then across from the central portion back over the central portion, see, including in same the lacteal duct and caecum areas. These should be given for at least an hour, changing the pads twice, the evenings before the adjustments are made. Do this, then, during the periods that these applications or treatments are to be made.

3114-1, 17-year-old girl

This as we find is NOT a brain lesion, but rather a FEARFULNESS in the soul of the entity.

Thus the making of administrations must first begin with the arousing of the body to make use of the opportunities that may be offered here, in such a way as to measure up to better conditions - for what the body would attain in this material plane.

First we would begin, then, even through the remainder of the summer, with the Hot Castor Oil Packs over the liver area for one hour each day. Use three thicknesses of flannel well saturated in the warm Castor Oil, and then apply heat, over the liver and gall duct and caecum area. Do this an hour each day for three days in succession.

On the evening of the third day, take internally half a teacup of Olive Oil.

1188-1, 6-year-old boy

The mental suggestions for the mental and physical and spiritual coordination would be by suggestions as the body loses itself in sleep. Have a regular period then when the stories or an interesting incident would be told that makes for a part of the mental or educational factors in the developing mind. And as the body loses consciousness make those suggestions to the subconscious self that will take on, that will act in, those responses to the influences for a creative activity in the mental and spiritual forces of the body.

1179-7, 11-year-old girl

(Q) How can nervous condition be improved?

(A) This can be done more by suggestion in the directions, ways and manners indicated, which will enable the body to develop better in its mental reactions, in its physical as well as the general nervous forces of the body itself....

(Q) Is she being handled right by Mother and [1309]?

(A) As indicated, we would give the direction more by suggestion, than so much talking toward or at. Rather talk WITH the body as to searching out and developing the abilities of the entity to search out ways, means and manners.

(Q) Should she return for a month to Camp Cotint, Cape Cod, where she was last summer?

(A) If this is desired by the body, well!

(Q) Should she change her Sunday School?

(A) If this is desired by the body.

You see, the body is reaching that age, mentally and physically, in which it has definite choices. While these should be directed, they should not be directed in such a manner as to break the will, or as to cross the real purposes of the entity.

(Q) What further suggestions have you for normalizing and developing sound body and healthy, happy life?

(A) These as we find are to some extent, apparently, quite radical, but it will be found that these are the most effective ways with this body, if honestly, conscientiously and sincerely tried.

1805-1, 4-year-old boy

Now as we find, the conditions are rather out of the ordinary. And there has been and was a great deal of neglect accorded this body during the periods of birth, presentation and during its formative year of development.

These as we find are of such natures that material help and aid may come to the body. As to whether it will be entirely relieved and be able to use the lower limbs perfectly normally or not, or even the upper limbs nominally, will depend

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upon the response the body makes; as well as to how consistently and thoroughly the applications for improvement may be made.

These are the conditions as we find them.

In the presenting, or in the delivery, there was an injury primarily to the lower lumbar and sacral areas.

While this has prevented a normal development, naturally being to the nerve forces of the sensory or sympathetic system it has kept all the coordination between cerebrospinal and sympathetic from nominal development of the muscular and locomotory activity; through not an atrophy but an impaired development of the nerve tensions and the nerve connections through the ganglia in those areas as indicated.

These then as we find cause the weakened condition, the inclination for the body to easily become acid through its activities; and weakening the ability for resistance, or lacking in same, we find the general weakness occurs.

As we find, those administrations which have been made neuropathically are most excellent; but we would add this as the rub externally, - an equal combination of Peanut Oil and Olive Oil. The occasional use of the Cod Liver Oil is very well, but this taken internally will be found much preferable for the body, especially in the form of Cod Liver Oil and iron and the vitamins - as may be found in that called Codiron; this taken about one pellet twice each day, with the meal.

Also we would use the low electrical forces as from the very low form of electricity but in the high vibratory force, as found in the Violet Ray (hand machine, bulb applicator). This would be applied direct to the body, not too much at a time, and especially along the cerebrospinal system, and particularly in the area of the muscular force and the nerve tensions for arms and limbs, or the upper dorsal and cervical and the lumbar and the sacral and down the lower limbs. This will aid in their development, and as it were the "taking" of the activity of the manipulations, as well as absorptions through the oil rubs.

When this is first begun (the Violet Ray), do not give this more than a minute - over the whole body.

These should be kept almost every day; that is, the massage as well as the Violet Ray.

Keep these up, and the diets for body building.

Do this for sixty days, and then we would give further instructions.

Ready for questions.

(Q) Will he ever be able to talk plain?

(A) As indicated, this depends upon the ability to make for the coordination between the sympathetic and the cerebrospinal system, or the sensory forces and the cerebrospinal.

He should improve in all directions.

Do this for sixty days, and then we will give further instructions.

1801-1, 9-month-old boy

(Q) Is he a normal child mentally?

(A) He will NOT be unless there is a better development of the coordination between the cerebrospinal and the sympathetic system. Hence the necessity of the rubs, especially for the head and neck and spinal column.

2028-3, 5-year-old girl

A gentle exercise or massage each time the bath is given is helpful. We would give this massage every day, using an equal combination of Olive Oil and Peanut Oil, - just what the body will absorb. In this we will enable the muscular forces to be strengthened AS the corrections and coordinations are made along the cerebrospinal system, that will enable the body to sit alone, eventually to walk, and the coordination of the sensory forces with the body.

608-7, 8-year-old girl, 7/11/34

One that in its formative years will be overactive in the physical and mental way; hence must be governed rather by love, patience, and by the persistent setting of example rather than by mere precept....

How must such mental conditions and expressions be met? By not a dingdong manner, but as the entity seeks for ideas set - in precept, in example, in conversation, in the reading, in all the activity - that which is a SPIRITUAL ideal, and that all those mental, moral, penal or what not relationships may and must be gauged or governed by that standard of perfection that is in its spiritual essence of constructive nature. Then we may see that the growth of the entity in the present, the soul, may be for WHOLLY developments.

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BACKGROUND OF READING 566-7 F 6

B1. See Life Reading 566-1 on 8/3/32 and Check Physical 566-6 on 1/1/36.
B2. 11/29/36 Father [261] submitted questions, saying [566] was quite a problem; he hoped the change coming at 7 yrs. as mentioned in 566-1 would be for the better and not worse.

TEXT OF READING 566-7 F 6

This psychic reading given by Edgar Cayce at his home on Arctic Crescent, Virginia Beach, Va., this 12th day of December, 1936, in accordance with request made by the father, Mr. [261], Active Research Member of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno.

R E A D I N G

Time of Reading 11: 15 to 11: 35 A. M. Eastern Standard Time.
(Physical, Mental and Spiritual Reading, answering the questions which have been submitted by her parents, as to her development.)

1. EC: Yes, we have the body here, [566]; this we have had before.

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2. In the physical forces of the body, as we find while the body is developing near to normal, if there would be some pressures removed in the cerebrospinal system, especially as related to the activity of the adrenals and in those areas about the 4th lumbar, the 11th and 12th dorsal as correlate with the activity of the lower portion of the pineal, we would find the mental and the reactions to the body from the activity of the glandular system would be quite different.

3. These we would advise having corrected by such an one as Dobbins.

4. We would find also this making for a correction that will prevent the activities in the circulatory forces of the lymph circulation through the upper portion of the body; as lungs, throat, bronchi, larynx, and especially the vagus center circulation; relieving the body from this incoordination that at times gives trouble, especially when there is a tendency for acidity in the system.

5. For the whole body is to be made to coordinate, in all of its activity; the deeper circulation through the activities of the cerebrospinal nervous system and a coordination in the centers where the vegetative or sympathetic nervous system coordinates with the superficial as well as the activities from same to its effect of the sympathetics to the organs' activity. And especially as indicated in those areas where there is the effect of the imaginative forces of the mental body that respond to influences from without as influences from within.

6. Remember that we have here an illustration of what may be termed as the first law of existence; the reaction to impulse for the carrying forward of the body's OWN egotism as related to self-preservation.

7. Hence we have had and do have, as a physical reaction, conditions that have appeared to others and do appear as out of the line of that as should be normal response. Yet under the existing pressures, under the existent physical forces, these are nominal and normal - if studied aright.

8. Do not INSIST - but each morning or each period after the body sleeps, ask and record - unknown to the body - what the dreams have been! And then as the corrections are made (and we would have them not oftener than once a week) watch the change in those reactions. And we will see how from a psychopathic and a psychological effect the questioning, as well as the removal of pressure, has upon the imaginative body.

9. Ready for questions.

10. (Q) The body has little appetite and eats very slowly, particularly at breakfast. Is this because of physical condition?

(A) As has been indicated, this is partially physical and partially the holding to mental experiences from sleep.

Then when we remove the pressures, we will find much of this will be changed.

11. (Q) For some time [566] has talked through nose rather than from throat. Is this because of any physical ailment or obstruction?

(A) As has been indicated.

12. (Q) Is very restless and seems unable to stay still even for a few minutes and still tires very easily. What causes this, and what should be done?

(A) This, as has been indicated, is from those pressures that exist and the effect same has upon the glandular system as related to a developing body.

And these produce impulses and emotions that are to the body not understood and yet find expression in its nervousness, its restlessness, and its tendencies to exaggerate, and tendency to build up great imaginative forces and influences. These are not ALL wrong, but these corrections will make for normalcy.

13. (Q) Is inclined to chew fingernails and put things into mouth. What should be done?

(A) Again the same thing as has been indicated. If these conditions are followed as we have given, and if the disturbing forces are found - which will be found by making those corrections, we will find the best check may be had ON these is by following the influences as come through sleep, see?

14. (Q) We as parents are much concerned at our lack of success in mental and spiritual training of [566]. Please advise.

(A) As has been indicated, if there will first be the physical corrections and then the manner of check on these through the impressions of the emotions through which the mental or subconscious or superconscious forces react, by the questioning - Do not allow the body to know these are being recorded, but know that it is expected to tell what has been the experience. And no matter how GREAT the imaginative forces may appear to be, record them! And then watch them in their change!

Then SUGGEST to the body as it goes to sleep (AFTER corrections are made, which will require some three, four, five different treatments, see) - suggest normalcy and normal reactions, and as to how the questions and how the response will be. Not as controlling but as directing in a normal mental and spiritual direction. And these will make for changes also.

15. (Q) [566] is untruthful and seems pleased when others are upset because of it.

(A) As has been indicated, do these things. These are not untruthful to the body! They are IMAGINATIVE forces, brought about by physical reactions to the imaginative forces. All portions of the nervous system of the physical body, of the physical functioning, are affected by those activities of secretions through glandular forces of the body. And these to the body are REAL; not as untruths. If the body is continued to be harassed by what seems to others as an untruth, it builds - just as has been indicated - self-preservation, not understanding, and the body WILL become more and more stubborn, more and more feeling it is not understood, more and more feeling that it MUST exaggerate, it MUST expand to be considered at ALL in the scheme of things!

16. (Q) At present we have no governess.

(A) This is very good, and it would be very well that there be taken more of the responsibility by the mother. This is not an easy job, but this will be taken by those manners and ways indicated. Then if there is the thought of or the need of one to aid or help by activities as a governess, very well.

But make the physical corrections. Do not find fault but encourage the GOOD qualities, those that are in keeping with normal development. And we will find great changes will come, especially if there is an analysis of those impressions. Do not expect but what there will be some of the most outlandish tales given as to its dreams, and as to the various things it has contacted, but

listen to every one of them as if they were true because to the mental body they ARE! But watch the change as the physical corrections are made.

And then those suggestions as the body goes to sleep. These should be done persistently for periods of two, three, four evenings. Then left off for a few evenings. Watch the difference. If there is to be kept the balance, these must be studied and must be adhered to.

17. (Q) Regarding the governess -

(A) (Interrupting) This will be determined by the parents or those in charge of the body.

18. (Q) What special qualifications and nationality would be best, or should we look for?

(A) Sincerity, love of children, and it doesn't matter as to what their nationality is just so they are AMERICAN in their principles, in their thoughts!

19. (Q) Can you suggest where we should look for a governess properly qualified?

(A) Where there are offices or surroundings that qualify same for such.

20. (Q) Please advise regarding suitability of Miss [369] of ..., Va.

(A) If there is the determination on the part of each that such may be made, very good. But as to the dispositions of each in the present, there would have to be changes all around!

21. (Q) [566] is extremely difficult to correct - will not listen to reason, and punishment seems to be ineffective.

(A) As understood, we have given all of these. PLEASE follow, please consider these as given; a physical condition affecting the glandular system and yet will require the activities of a psychological, psychopathic study, the mental forces of the body, the mental images of the body ESPECIALLY in sleep! And let the imaginations as told of that visioned run rampant! Govern same NOT by corrections or finding fault but by gentleness when the body is going to sleep! And we will find this acts upon that subconscious imagination of the body to direct in those ways that in their normal physical reactions become more and more nominal. We are through for the present.

REPORTS OF READING 566-7 F 6

R1. 12/30/36 Mother [772]'s letter: "Thanks so much for [566]'s reading. It certainly is interesting and contains things I didn't know were true until after I read it and made investigations. For instance she has frequent dreams but I had never paid any attention to them. She even had an imaginary pet animal at one time and used to leave a saucer of milk for it every night. However everything in the reading fits her case perfectly and now that we know what to do, I hope we can help her. We haven't started to follow the reading yet because we all had terrible colds and came down to Pinehurst for the Children's Christmas vacation to recuperate and I thought it better to wait until we get back to N.Y. and the osteopath and start right. We are all perfectly well now - except [261] who is still quite tired and [566] is behaving much better than she did. She is always better when she is well."

R2. 5/16/37 GD's note: Mrs. [772] told me today that she had been so busy that she hadn't followed 566-7 as closely as she should have, but that [566] had miraculously changed on reaching her seventh birthday - now they are having trouble with the older child, [628].

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BACKGROUND OF READING 665-2 F 9

B1. See 665-1, Life Reading on 9/20/34, giving warnings in re [665]'s health.

TEXT OF READING 665-2 F 9

This psychic reading given by Edgar Cayce at his home on Arctic Crescent, Virginia Beach, Va., this 8th day of June, 1935, in accordance with request made by the mother - Mrs. [540], through Study Group #7 of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. [665], [540] (mother), Helen Ellington, Ruth LeNoir, L. B. Cayce.

R E A D I N G

Time of Reading 11: 20 to 11: 45 A. M. Eastern Standard Time. ..., Va.
(Physical Suggestion)

1. EC: Yes, we have the body here, [665].
2. Now, as we find, there are conditions that hinder the better physical functioning of the body. These in the present are rather tendencies, and at times make for those strains upon the body that are not good; hindering in the proper development of the physical forces.
3. These, then, are those conditions as we find as tendencies - and those that are as hindrances in the perfect, normal development. As we find, from the observation from the pathological effects created in the body, it could be said that the body might outgrow same; yet these if considered in their proper relationships to the developing body, as we find, may be made to bring about much better and much nearer normal conditions without those distresses which the body must eventually suffer - THROUGH those hindrances and those conditions being brought about in the system in the present.
4. The BLOOD SUPPLY we find tending towards a deficiency in the red blood count, and an abnormalcy in the manner in which the coagulations take place; at times carrying the tendencies for adherence in the lymph circulation, at others rather too free or a lack of this assimilating force. This is produced by a deficiency in the manner of the assimilating organism working with the glands as they function in their relationships to that TO BE and that assimilated. These then produce those conditions that we find at times making for an irritation, and for a nervousness through the body; an upsetting at times of the digestive system, the tendencies for an abnormalcy in the appetite. That is, at times very little satisfies; at others there is the tendency for the taking of a little and then later the desire for more, yet the kidneys and the liver neither function in their proper relation owing to the lack of the secretions in the assimilating force of the body. This strain upon the blood supply makes for those tendencies that produce this taxation in the nervous force of the body.
5. In the NERVOUS SYSTEM itself do we find rather effects than causes; for, as indicated, these disturbances in the glands, those activities in the assimilating force, produce the strain or pressure upon the nervous system; so that we have at times the cerebrospinal and sympathetic NOT coordinating. At others we find the sympathetic being predominant in its reaction. Hence we have "starts" at

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times in the sleep, unusual recurrence of those things that make for an effect upon the imaginative forces. This is from a pathological condition, NOT wholly psychological; though this incoordination should be corrected so that there may be a perfect reaction in the system.

6. As to the functioning of the ORGANS themselves, these are very good considering the strain under which they are acting; save in the glands and in the liver and the coordination between the upper and lower hepatic circulation, causing a drying in the glands and the activities about the lacteals, about the caecum, about the coordination between the adrenal glands and the thyroid, the typhus [?] [typhlitis? or Tyson?], and the nervous forces between [GD's note: I think EC was referring to the thymus gland. Those bracketed words are mine, since I could not find a typhus gland in the dictionary at the time.]. These are tendencies and strains, see?

7. Then, in making correction, as we find, it would be well that these as a whole be considered, and then the individual activities necessary for their correction as coordinant one with another.

8. First we would begin with the Atomidine; one minim in half a glass of water before the morning meal, for five to eight days.

9. Then we would use the Castor Oil Packs over the liver, the lacteal duct, the caecum area. These we would keep on for about an hour EACH day (or evening) for four or five days.

10. Then we would make for a full elimination through the alimentary canal by the use of Fletcher's Castoria in very small doses; half a teaspoonful every half hour until there is a thorough relaxation throughout the alimentary canal.

11. The diet should be watched carefully throughout the whole time. Not that there need be such a strict diet, but there should be those foods that carry a great deal of the vitamins that make for body, blood and nerve building; those that make for sufficient quantity of vitamins that make for bone structural activity in the GROWING of the body - but not an excess of same. Or, we would give an outline; though this would not be adhered to ALONE; it is merely given that there may be seen that necessary:

12. Mornings - fruit juices of all kinds, especially orange and grapefruit juices; with whole wheat or brown toast, coddled egg, and occasionally a little very crisp bacon. Cakes, provided they are made with buckwheat or of the whole wheat variety, may be taken at times - if used with honey.

13. In the interim between breakfast and lunch, or the middle of the morning, we would have dried milk, or malted milk. These are preferable to other characters. This would be made into a drink.

14. Noons - rather a well-balanced VEGETABLE diet; not all green or raw but the juices from same, see?

15. In the middle of the afternoon we would have, preferably, grape juice; or wine, provided it is RED wine - and this should be taken ONLY with brown or black bread, NOT cake.

16. However, sweets or pastries - especially ice cream, or the like - may be taken occasionally.

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17. Evenings - fowl, fish or lamb, with two vegetables above the ground to one of pod or one beneath the ground. This would be as a well-balanced diet for the growing body.

18. After those periods of the evacuation and eliminations through the alimentary canal (during which there would be the rest period from taking the Atomidine, following the general gland stimulation of the first five to eight days of the Atomidine in very small quantities), then we would begin again with the Atomidine and take it for two weeks; ONE minim each day before the morning meal.

19. The oil rubs will be found to be good for the body at ALL times; using the olive oil especially along the spine and over the area from the upper portion of the liver to the caecum and ileum plexus FROM the right side - or over the right side.

20. These, as we find, should make for the greater developments, in body, blood and nerve balancing for this body, [665].

21. Ready for questions.

22. As to the activities of the body, let these be in line with that which makes for a regular coordination between the upper portion - or the upper limbs with the lower limbs, and in the open often. Running, walking, the well-balanced mental and physical activities are the better.

23. (Q) What causes the early morning cough?

(A) The irritation from the mucous membranes from the lack of the proper coordination between the eliminating through the alimentary canal.

The exercises as of the packs for the stimulation of the liver, the lacteal duct and the caecum will be found to overcome these conditions.

24. (Q) Are there any defects in the bone of the nose?

(A) Not if there are the regular massagings with the oil OVER those portions; that is, over the soft tissue, the antrum, the upper and lower antrum, these will adjust themselves. The tendencies for malformation by the growth of soft tissue are indicated, but it is lack of circulation. And if the circulation is stimulated for gland activity AND the massages, so that there is the absorption, these should adjust themselves.

25. (Q) What causes the occasional pain in left lower limb?

(A) Poor circulation. A strain from the right portion in the lower part of the lower lumbar; for these cross and make for a strain upon the muscular tendon in its connection with the sciatic nerve.

26. (Q) Is Ovaltine a good beverage for this body?

(A) Ovaltine is very good; but preferably, as indicated, the malted milks and grape juice or red wine.

27. (Q) What may be done to prevent the Physical ills between 14 and 16 as warned concerning in her Life Reading? [665-1]

(A) Making for a perfect coordination of the glands of the body in the present, so that the whole system coordinates between the sympathetic (or vegetative nerve forces) and the cerebrospinal. These are indicated as tendencies, and making for corrections in the present will PREVENT the recurrent actions in those periods of change.

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28. (Q) How may such conditions be comprehended from the psychological experiences, as advised in Life Reading?

(A) As is indicated from these here, there are at times the tendencies for the psychic forces to become predominant in its activity. Then, keeping a coordination between the mental forces or the sympathetic forces and the cerebrospinal will make for the indications for these activities to become more normal and NOT superficial.

29. (Q) How may the physical being be trained or impressed so it may draw upon the inner self to make such experiences as stepping-stones?

(A) By keeping the proper evaluation for psychic forces and psychic experiences of the body in its formative or developing years. And in making these proper evaluations we go from the first causes or the basic forces; that all life, all activity EMANATES from a SPIRITUAL source. And as these are then seen, felt and experienced by the body, these may be USED as the stepping-stones for the proper understanding of the influences in the experience of the body.

30. (Q) How should the oil packs be made?

(A) Three to four thicknesses of heavy flannel dipped in Castor Oil and applied as hot as the body can well stand it. Extend same from the lower portion of the rib to the caecum and across the lower portion of this part of the body.

31. (Q) Any other advice that will be of help?

(A) Well to make these corrections in the present, that those tendencies and inclinations may be prevented from producing discouraging or disrupting activities in the physical forces of the body later.

In the mental and spiritual experiences of the body, keep those in the UNDERSTANDING manner. That is, let each experience be EXPLAINED, interpreted, and its value in the body's experience be understood.

32. We are through for the present.

REPORTS OF READING 665-2 F 9

R1. 12/2/38 Mrs. [540] secured a Physical Reading for her daughter. See 665-3.

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BACKGROUND OF READING 2890-1 M 10

None.

TEXT OF READING 2890-1 M 10

This Psychic Reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 25th day of January, 1943, in accordance with request made by the father - Mr. [2834], Associate Member of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno.

R E A D I N G

Time of Reading 4: 15 to 4: 30 P. M. Eastern War Time., N.Y.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them:
2. EC: Yes, we have the body here, [2890].
3. (Rather unusual surroundings!)
4. As we find, conditions that may be said to be of a disturbing nature are more on the order of those that produce tendencies, and some physical inhibitions.

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5. While we find that the body may eventually adjust itself to some of these, if there were corrections made in the present where there are subluxations existent, there would be found a great deal of difference in the reactions, in the abilities of the coordinating of the mental and physical forces in the body; and those tendencies which exist towards the disturbances through the lymph activity in the soft tissue of throat and head, as well as in the lower portion of the body-extremities.

6. These as we find, then, are conditions with this body, [2890], we are speaking of:

7. In the blood supply there is not a distorting but rather a low vitality. Those variations in the blood count would be noticeable if these were taken at various times. This is a tendency in the body, owing to those subluxations as indicated, which exist in lumbar and sacral and in the 3rd and 4th dorsal, - with some disturbances, of course, throughout the cervicals. For, from these come those directing influences to the lymph flow through head and neck, as well as from those areas of the sacral to the lumbar axis, and the suppression and activity in the kidney flow at times - or the excretions as supplied or taken from the system by same.

8. If these pressures were removed, those tendencies for the conditions existent in the influencing of the sensory forces will be improved; the abilities of the body in its memory and in its reactions to physical and mental forces will be improved. Those tendencies for the body at times to be easily susceptible to cold, through the acidity produced in the system, will be aided.

9. These corrections we would have done under the direction of such an one as Coulter.

10. As we find, these are those conditions that need to be attended to in the physical forces of this body.

11. The nerve pressures as produced cause some anxiety through the reflexing as indicated in organs and in circulation.

12. These corrections we would make, for better conditions of this body, [2890].

13. Ready for questions.

14. (Q) How often should such treatments be given?

(A) For the first six, give them about twice a week. After that, for at least another six to ten, once a week should be sufficient.

15. (Q) Any advice regarding diet?

(A) Be mindful not to overindulge in sweets.

Do have the teeth taken care of, as there are some conditions in the manner in which those that are yet to come may be hindered unless much of the correction is done with same.

16. (Q) What exercise is better?

(A) Any exercise about the place here would be well, in the open.

Do these and we will bring better conditions for this body.

17. (Q) What specifically should be done for the teeth?

(A) This should be looked after by a dentist, not by the body itself - save suggestions as will be given for the care of same, and some local applications and corrections should be made. We are through for the present.

REPORTS OF READING 2890-1 M 10

R1. 2/6/43 EC gave him a Life Reading [2890-2], as also requested by his father [2834] on 1/17/43.

R3. 2/9/43 Father [2834]'s letter to EC: "The reading which you gave on behalf of my son [2890], on January 25, 1943, has impressed me very deeply. As you will recall, Mrs. [...] and I did not furnish you with any information which would have guided you in the course of this reading, and as far as I am aware it would not have been possible for you to find out any particulars about my boy without great expense and a whole corps of investigators. We omitted this information because we particularly desired a completely fresh start on the problem of the boy's health and physique. I am glad to make the following comments in the light of our knowledge of him:

1. During pregnancy he was apparently carried in a very unusual position, and his delivery was difficult and sufficiently critical to account for the sublaxations of the vertebrae, which your reading describes. 2. We have learned from our previous medical experience that the boy has a tendency to anemia and to a low blood vitality. 3. It is true that he is both susceptible to cold and to colds, and these latter frequently take a pronounced bronchial turn. 4. His behavior appears to be to us characterized by an anxiety, the exact nature of which has not hitherto been at all plain, and the child has an extreme tendency to overindulge in sweets, with an enthusiasm which goes beyond the normal child's and which resembles in its manifestations the behavior of a confirmed drunkard toward alcohol. 5. Shortly after your reading was taken, and before we had received it, we took him to a dentist here and it was found necessary to have two teeth removed. The difficulties with regard to the adult teeth which you describe were examined. We shall go on with this subject, but at least we can tell you were quite right about this.

"I shall get in touch with Dr. George M. Coulter, and, since it will probably not be possible to bring the boy into the city twice a week for six weeks, I hope we can arrange for most of the treatments to be given by a local osteopath in the country. No doubt we shall be called upon to ask you for a checkup reading in the spring. Meantime we both await with much interest your life reading on him.

"I regard this reading as a profound substantiation of your powers, and it has done both Mrs. [...] and myself a great deal of good, since it has pointed the way by which we can attack certain problems in connection with the boy which do not seem important to our physician but which are extremely important to us in our concern for his happiness and future. The reading was requested because in my judgment it would have done the youngster a great deal of harm to have been subjected to the standard clinical procedure. What physical facts that might have been so revealed might have been counter-balanced by an emotional upset in the process, which we would go far to avoid."

R5. 10/4/43 Dr. Geo. N. Coulter, Osteopathic Physician, 18 East 41st St., N.Y. letter - Master [2890]: "Physical findings coincided with those of the reading. The chief disturbance seems to be in the lumbar and sacral areas. His body is responding to treatment very well as the boy has improved his posture and has gained weight. Treatment started Aug. 20, 1943."...

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BACKGROUND OF READING 3236-1 F 12

B1. 6/14/43 Letter from mother: "She is a thyroid case and has been retarded since she was small; however, she seems to be doing some better the past two years. I have had her to a number of doctors (M.D.'s). They do not give me a great deal of hope."

B2. 7/13/43 Questions:

1. Will she be able to stay at home with her parents (mother and stepfather) the rest of her life? 2. Will she ever be able to go to school and learn like other children? 3. Is there any way she can be made to hold up her head and shoulders? 4. Can her feet be fixed so she can walk better? 5. Will she grow to be normal enough to take her place in life? 6. Will those in the home be able to manage her?

TEXT OF READING 3236-1 F 12

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 23rd day of September, 1943, in accordance with request made by the mother - Mrs. [...], new Associate Member of the Ass'n for Research and Enlightenment, Inc., recommended by the book, THERE IS A RIVER.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.)

R E A D I N G

Time of Reading 3: 50 to 4: 05 P. M. Eastern War Time. ..., Texas.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them.
2. EC: Yes - where the school - yes.
3. Here we have an abnormality that presents itself from a very poor attendance at the time of the birth of the body and the pressures are causing reflexes that make for not only the oddities but the abnormalcies in the activity of the organs of the sensory system; the inability for the body to coordinate in the proper way and manner.
4. As we find, there can be help. As to just how far-reaching this will be will depend upon how persistently and consistently the applications are made for improvement.
5. Remember, there are gradual changes that take place in a body, and especially in a developing body, a growing body. The whole anatomical structure is changed in each cycle - or every seven years.
6. Unless this suggested treatment is to be continued - not altogether continuously but very persistently - until the second cycle for this body, don't begin it - just put it away and forget it.
7. But, if this treatment is to be followed:
8. Each evening when the body is prepared for bed, give the body a thorough massage along the whole length of the spine with this combination of oils:
Peanut Oil.....2 ounces,
Olive Oil.....2 ounces,
Lanolin (Liquefied).....1 teaspoonful.
9. This massage should follow a warm sponge bath especially along the spine. In the head and neck area especially should the massage be given, daily, but the whole spinal area. If this will be given by the mother it will be better, and at the same time suggest to the body what is desired of it. This necessitates, then, that the mother enter, as it were, into the developing of the mind of the child. Do not attempt to give instructions or suggestions in the same manner as you would for an adult, but let that motherly sympathy be expressed as for a babe and let it be administered in the suggestions as the massages are made.
10. During the first few months, about once each week have an osteopath not chiropractor, but osteopath - gradually make those adjustments along the whole of the cerebrospinal system. Don't attempt to make them all at once but

gradually. These should be given at least once each week, and in three to four months the reaction should be such that they may be left off for a while. But continue daily with the rubs.

11. After the three months of osteopathic corrections, begin using (not before) the Radio-Active Appliance. Let this be applied after the massage each evening and remain attached to the body for thirty minutes. During that period, let the suggestions by the mother be made stronger. If the body goes to sleep during those periods of massage and suggestion, that much the better. But the more care will be necessary as to the type of suggestion, should this occur. For, the suggestion then is being made to the subconscious self and will make for a characterization. Those areas, of course, around the base of the brain, around the edge of the face, through the temple, and back of the ears, all should receive special attention. Then all the rest of the massage should be made downward. The area of the coccyx, the lower lumbar, the limbs and knees and ankles and feet, all should have special attention. Do not do this just to hurry through with it, but be persistent, consistent, and do it all as with a prayer, and with the dedicating of self to a service that this body may indeed be the better channel for the manifestations of the glory of the Creative Forces in a physical being.

12. If these treatments are followed, we will find - eventually, within the period of about seven to ten years - we will bring almost normalcy for the body.

13. It is worth it to the mother to do it, and more than worth it to the body to have same done.

14. Ready for questions.

15. (Q) Can her feet be fixed so she can walk better?

(A) These massages, of course, should include all along the spine and the limbs, and in the feet massage especially the bursa in heel and in the central and front portion of the feet. All of these areas may be better pointed out, possibly, for the use of such instructions to the mother, by the osteopath. Have the osteopathic treatments once each week throughout the period of the first three months. Then, after a rest period from these of three to six months, have another series with the osteopath - but continue daily with the oil massages.

16. (Q) Is there any way she can be made to hold up her head and shoulders?

(A) As we have indicated, these treatments should cause almost normalcy for the body after a long period of treatments. But, it is a long treatment.

Do as has been outlined. We are through for the present.

REPORTS OF READING 3236-1 F 12

R1. 10/2/43 Mother's letter to EC:

"The reading for my daughter [3236], was received September 28th. I was very much pleased to know that [3236] will be helped. I shall follow your instructions to the letter. I give her the massage every evening, and she has had one treatment from the doctor to whom I took her reading. (Dr. B. F. Moore, 522 - Lubbock National Bank Building, Lubbock, Texas.) He says her trouble was an injury at birth - just as your reading stated. I have ordered a Radio-Active Machine and at the end of three months will use it as instructed. Deep in my heart I feel that [3236] will improve each day, and although it is a long treatment, I am more than willing to do as you suggest each day - and through our dear Heavenly Father, I know she will some day be much better. Thanking you kindly and may God bless you in your good work..."

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Her real name is [3698], although everyone has always called her by her nickname - [3698] since she was a baby. She isn't home with me at present, but in a little home out in the country 15 miles from here....

She has been there since June 20, 1942 - not because I want her away from me, because a year ago last spring she had become so nervous that I could not manage her, and the doctors insisted that it would be much better for her and for my little boy, if I took her there. She does seem somewhat better, and her behavior is much improved. But I want her to learn, to be free from nervousness, to be well and happy, as she should be. She is very sweet and loving. Just now her sweet little face has a great deal of ACNE or something similar.

Doctors believe her to have been injured at birth, but we can't be certain, as she seemed normal until about 18 months.

Her daddy is in the Army at present, and I can think of nothing more wonderful than for him to come home and find his little girl making progress toward normalcy. We all love her very much.

I am enclosing a money order for \$20.00 which Mrs. Holland tells me is the fee for joining the Association, which I am very glad to do.

I have loaned my book to an interested friend, and am awaiting its return in order to re-read parts which Mrs. Holland asked me to read a second time. I know you enjoyed meeting her. She is a very fine person and a true friend. And she, too, loves and helps little children. I hope to hear from you soon.
Sincerely, yours Mrs. [...]

B3. 1/18/44 Mother's letter:

My dear Mr. Cayce:

Thank you for your letter of the 10th, in which you confirm the appointment for my little girl on Feb. 3rd.

You ask me for more questions or for the same ones.

1. Where does the seat of her trouble lie? 2. What can be done to correct the condition, so that she may develop mentally, normally? 3. What can be done to improve her nervous condition? 4. What do you suggest for physical improvement, in general, and also with relation to condition of scalp, and acne on her face?

Naturally, Mr. Cayce, I am most anxious to know how to help her mental development. If she can eventually attain a normal development, we could ask nothing more of God. And nothing is impossible for Him. But if we can find a way to get some improvement, some progress in her development, I will be grateful.

5. If treatment is suggested, can you suggest anyone here in ... to give the proper treatment? 6. As I believe I told you, my little girl is in a rest home for children who have had similar trouble, 15 miles from here, because at that time my Doctors insisted that it was the best thing for her. Can you tell if it is still the best place for her, or if she should be home? 7. Please suggest proper treatment, medicines, or training. Could she derive benefit from more of the kinesthetic speech lessons which she had a few years past?

TEXT OF READING 3698-1 F 14

This Psychic Reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 16th day of March, 1944, in accordance with request made by the mother - Mrs. [...], new Associate Member of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.) Harmon Bro.

R E A D I N G

At the home of Mrs. Time of Reading [...], 7th house 3: 55 to 4: 00 P. M. Eastern War Time. beyond ... in ..., about a mile south of ..., California.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them:

2. EC: Ought to stay in and not out.

3. Yes. Here we find where an injury to the end of the coccyx is the source of the disturbances with the body. This, combined with the type of injury that has brought on an early expression of the attempts of eliminations in the body, has made for a highly nervous condition which will become worse unless there is the reduction of the pressure or a better coordination produced in the brush end of the spine, also in the lumbar and sacral areas.

4. Such coordination might be best brought about by the use of the short wave electrical forces at least twice or three times each week. These treatments will set up coordination with the reflexes between brain activities, the central nervous system and the cerebrospinal nervous system.

5. Following these treatments, the same day, there should be given osteopathic adjustments through the sacral, lumbar and especially the coccyx area, in the 2nd segment of the coccyx and the last that joins to the end of the spine - not the end of the coccyx, you see.

6. Keep the body quiet and in the open as much as practical but in good company with those doing things for others.

7. Ready for questions.

8. (Q) Can you suggest someone in ... to administer the treatment suggested?

(A) Any good osteopath.

9. (Q) Should she have more of the kinesthetic speech lessons?

(A) These will aid, to be sure, but the osteopathic corrections will alleviate much of those disturbances that upset the general sympathetic nervous system - for the lesions arise in the upper dorsal and through the 3rd cervical.

10. (Q) What should be done for condition of scalp and acne on face?

(A) These osteopathic corrections and the electrical treatments, so that coordination of circulation and eliminations may be produced. The body is eliminating poisons in the respiratory and perspiratory system that should be eliminated through alimentary canal. Then do as has been indicated.

11. (Q) Is it best to keep her in the home where she is at present?

(A) Best if she had a companion who would be helpful or creative in her activities, both for the body and the inter-relationships with others.

12. We are through with this reading.

REPORTS OF READING 3698-1 F 14

R1. 3/27/44 Mother's letter to EC:

My Dear Mr. Cayce:

I am in receipt of report of your reading for my little girl [3698] for which I thank you very much.

The diagnosis certainly sounds logical to me. You mentioned an injury to the end of the coccyx. There has been a noticeable enlargement in that area for the last few years that has worried me. However, upon describing it to my doctor he told me that it was natural in a girl her age, and so I tried to put it out of my mind.

My chief difficulty now will be to find the right osteopath to give the indicated treatment, - one that is gentle and understanding enough not to frighten her, and willing to treat as prescribed by another person. I realize that no matter how impatient I may be to begin her treatments, I cannot afford to be hasty. My choice must be a careful one.

I shall certainly keep you informed as to my little girl's progress, and will send you the name and address of the osteopath, when I find the right one.

Thank you for another chance to help my baby.

Sincerely, Mrs. [...]

R2. 4/3/44 EC's letter to mother:

Dear Mrs. [...]:

I have your letter of the 27th and note what you have to say about the information and how it may possibly check with the existent condition of the body.

We have had quite a number of cases of this kind Mrs. [...] where the information has suggested that an injury was in this area. Many doctors have never considered this as an area where many varied results might come from such an injury.

Just recently we had one very much of the same nature [1513] (?), in fact, the information insisted that it was a result of a fall on ice, and the patient recalled to the parents the day and type of accident that was had. The osteopath found the conditions just as described.

I don't think you should have any great difficulty in getting a good osteopath. If whoever you go to desires to have any word from other osteopaths throughout the country who have and do use the information, we will be glad to furnish the names of such and let them write to them. We don't want them to take what we say, but let them speak for themselves. We do have quite a number throughout the country. I don't know of any special one at this time in ...

Hoping that you will have little or no trouble in obtaining the correct adjustments for the body, and with every good wish, I remain

Sincerely, Edgar Cayce

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Healing: Spiritual: Children: Abnormal Par. 6—8

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Abnormal Par. 5--9

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Suggestive Therapeutics: Children: Abnormal Par. 6--8

BACKGROUND OF READING 4013-1 M 14

B1. 11/26/43 Grandmother [5177]'s questions submitted: 1. What is the cause of his not talking? 2. Will he ever be able to talk? 3. Is there any karmic reason for his condition? 4. How can this be remedied?

TEXT OF READING 4013-1 M 14

This Psychic Reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 21st day of March, 1944, in accordance with request made by the grandmother - Mrs. [5177], new Associate Member of the Ass'n for Research and Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.)

R E A D I N G

Time of Reading 11: 05 to 11: 10 A. M. Eastern War Time. New York, N.Y.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them:

2. EC: Yes. We have the body here.

3. As we find disturbances here indicate - as they are active principles through the sensory organisms of the body and the sensory system - an incoordination between the impulses, the brain reflexes, and the spiritual forces of the body.

4. Thus the condition is karmic in its reaction.

5. Those who are responsible for the body-physical need not feel that this responsibility can be delegated to someone else, even though others may be physically better able to cope with or to train the body for its present conditions.

6. These disturbances might be helped if there would be the daily prayer together of those responsible for the body; not one day and then skip one, but each day

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for a period of three hundred sixty-five days. As the body goes to sleep let those responsible for the body-physical meet over the body, or with the body, and in prayer make suggestions to the body as it sleeps.

7. True this should have been begun six years ago but it still may aid.

8. Do not begin unless there is sincerity in both parents of this entity.

9. Otherwise, let others give that instruction, that help - for the body is meeting itself; but so must those responsible for this entity meet themselves.

10. Ready for questions.

11. We are through with this reading.

REPORTS OF READING 4013-1 M 14

None.

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B2. 1/3/44 Father's letter to EC: "...I wish to advise that my boy, [4058], will be about the house running around as he usually does about that time of April 3rd, 10: 30 to 11: 30 in the morning.

"I would like to ask: Why does he not talk, as he hears one hundred percent, and other children that are more backward and with less intelligence than [4058], can talk. He often hums songs in tune he heard on the radio. And why does he shake with his fingers and hands at certain times of the day?

"In your opinion, do you think there is a chance for my boy to talk? I may want to ask a few more questions, so please let me know if there is something more you would like to know about [4058] and oblige..."

TEXT OF READING 4058-1 M 13

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 3rd day of April, 1944, in accordance with request made by the father - [...], new Associate Member of the Ass'n for Research and Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.)

R E A D I N G

Time of Reading Set bet. 10: 30 to 11: 30 A. M. Taken 11: 20 to 11: 35 A. M. Eastern War Time. ..., Canada.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them.
2. EC: Yes, we have the body and those conditions and anxieties as related to same.
3. Here we find a psychic disturbance with this body, where there is not the coordinating between the cerebrospinal and sympathetic nervous systems. This is particularly related to the coordinating centers in the last cervicals and the upper dorsals.
4. Though these are of a specific nature, we find that merely the mechanical treating of the pathological conditions will not bring response. We find that the administrations for this condition may not be best delegated to others than those physically responsible for the entrance of this soul-entity into the material plane.
5. To be sure this should have been begun some years back, yet in the present there may be found results if there will be the following of these applications suggested, consistently and persistently.
6. We would not advise that this treatment be begun unless it is to be daily administered; not by one of the parents but by both. The massages may be given by one or the other parent. Whichever one begins it should keep it up.
7. Use Cocoa Butter for massaging into the areas especially in the lower cervicals and through the upper dorsals, or from the 7th and 8th dorsal to the 1st cervical. Massage rather in a rotary motion and on each side of the spine. This would be done when the body prepares for retiring.

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8. Then, as the body goes to sleep, let the parents - together, not separately - give suggestions for the body. The suggestions should be for a unified activity of mind with mind, to control the subconscious and to control the activities reacting from the suggestions to the organs of the sensory system - in prayer, in meditation.

9. This, too, requires that the parents live that they pray for, and that the suggestions be made in unison. These words would or should be altered, to be sure, for these must be responses of those responsible for the body, from their very inner being. But these thoughts should be included:

FATHER, GOD! IN THY MERCY AND IN THY LOVE, BE THOU PRESENT WITH US NOW, AS WE SEEK TO GUIDE THE BODY AND MIND OF THIS THY CHILD IN BECOMING A BETTER CHANNEL OF SERVICE TO THEE AT THIS TIME.

10. Then the suggestion to the child, (calling his name): Thy inner self, thy subconscious self, thy super-conscious self will react to the will of the Father-God; that ye may be a better channel for His service in the earth.

11. These suggestions, of course, may alter from time to time, but these should be given consistently and daily. Give at least an hour each evening to this service. It will bring to the parents, it will bring to this entity, [4058], the activities for this body to be a physical, mental and spiritual manifestation of the love, of the promises given the child of men.

12. Ready for questions.

13. (Q) Why does he shake his fingers and hands at certain times of the day?

(A) The inability of coordination between suggestions and the impulses reacting. Do as indicated if you would bring help for the body.

14. We are through with this reading.

REPORTS OF READING 4058-1 M 13

None.

INDEX OF READING 5014-1 M 11

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BACKGROUND OF READING 5014-1 M 11

B1. 11/4/43 Letter from [5014]'s step-mother to EC: "...I have just finished TIR and wish to say I feel truly humble and greatly privileged in writing to ask if you would use your heaven-sent gift in behalf of our 10 1/2 year old boy (who is my husband's son but my step-son). The child was greatly neglected and underfed for the 5 1/2 years he lived under his grandmother's supervision. In the several years I have had him my husband and I have done all possible to build the child's health up and mature him but he remains very retarded physically and also in all mental endeavors and in mental and social adjustments. Each new doctor prescribes something different to stimulate the lad's vitality and resistance but always thus far without results. We should deeply appreciate his reading at the earliest possible time for he is away at a small private special school in Mass. due to his retarded general condition, he is unable to keep up in the public schools. The expense of private school is greater than we can afford... God has indeed called upon you for a very great task..."

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B2. 3/18/44 Step-mother's questions submitted in addition to those at end of Physical Rdg.: "(1) How can we better build up child's physical and nervous strength? (2) How much thyroid a day necessary to correct thyroid inactivity? (3) Also what will keep the hemoglobin up to normal? (4) What will tend to improve his extremely subnormal concentration? (5) Please suggest treatment for child's extreme lack of effort and utterly irresponsible attitude toward school work. Would greatly appreciate it if all the above questions could be answered as this child is badly needing help."

TEXT OF READING 5014-1 M 11

This Psychic Reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Va. Beach, Va., this 8th day of April, 1944, in accordance with request made by the mother - Mrs. [...], new Associate Member of the Ass'n for Research & Enlightenment, Inc., recommended by her mother, Mrs. [5009].

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.)

R E A D I N G

Time of Reading Set bet. 3: 30 to 4: 30 P. M. Taken 3: 30 to 3: 40 P. M. Eastern War Time. ..., Mass.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them.

2. EC: Yes, we have the body here, [5014].

3. As we find, there are disturbances preventing the better normal development of the body. These suppressions are in the areas where reflexes to the various activities or impulses through the body find their reactions; that is, the incoordination between impulses received by suggestions activative along the sympathetic nervous system and the responses through the central nervous system. We find that these are the sources of the retardments, the inability of concentration, the inability to coordinate the body's reaction with others; for the body becomes confused with groups or crowds. Thus those reactions in which the body attempts to shield itself, to get away from or to be closer to those who have respect for or interest in the body itself (as he sees it).

4. These conditions began with the period of presentation. For this was a breach or foot, breach and foot presentation. This brought about pressures in the coccyx and sacral areas that have prevented the normal reactions through the pineal. Not that portion having to do with growth but the exterior portions or to the left side, where there are connections in the lumbar axis, 9th dorsal, the brachial center and the upper cervical center.

5. First we would give that there be begun the use of the very low electrical vibrations from the Wet Cell Appliance used as the Radio-Active Appliance is ordinarily used. Both attachment plates here, for this particular body, would be of nickel. Be sure to attach each time the same plate first to the body. Use the

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Appliance for thirty minutes each day, preferably as the body is ready to retire at night.

6. Keep the attachment plates very clean, polishing with the emery paper each time before applying and each time when taken off. Do disconnect the leads from the Appliance itself when not in use.

7. Every thirty days, recharge the Appliance.

8. Each day following the Appliance give the body a gentle but thorough massage with an equal combination of Olive Oil (heated) and Tincture of Myrrh. Pour a small quantity into a saucer, dip the fingers into it and massage along the spinal area, from the 1st cervical to the 9th dorsal, including the coccyx end of the spine on each side, and then massage from the base of the spine on each side in a circular or rotary motion UPWARD to the 9th dorsal, then very thoroughly in the 9th dorsal.

9. Keep these up regularly. Even through the period of giving the massage, as well as the Appliance, let there be suggestions given to the body in that way not merely of speculation but as to positive activities of the body; planning, as it were, its activities for the next day. As an illustration: On the morrow, or in the morning there will be certain activities. This should be very thoroughly outlined, very consistently suggested.

10. Thus, we will find a change in the activities of the body, bringing the reflexes to the brain centers with the nervous system in the ganglia where there are the closer associations with the sympathetic and suggestive nerve forces of the body.

11. Ready for questions.

12. (Q) Should he continue to take thyroid medicine, if so, how much and how often?

(A) Not if these applications are given. About once a week it would be well to take internally one drop of Atomidine before breakfast for two days in succession. This should be Mondays and Tuesdays or Wednesdays and Thursdays. Then wait until the same period next week. Keep this up each week for about five weeks, then leave off. The activities that will be produced here will be to purify or cleanse the glandular system, allowing the activities of the body for all of the glands to be coordinated by this low form of vibration and the reflexes to the brain not merely through the Appliance but the suggestions that will be made and also the massages that will be given to the body.

Do that.

13. (Q) Any advice regarding the diet?

(A) Keep away from too much sweets or too much starches. Do keep good eliminations, for there will be a tendency for engorgements in the colon. These may be aided by massages occasionally, as kneading or giving the treatments to the colon to add in emptying it. We are through with this reading.

REPORTS OF READING 5014-1 M 11

R1. 9/26/44 Letter from [5014]'s step-mother to EC: "...I wish to report improvement in the condition of my son. You gave a reading for him April 8th, and we have pursued and are continuing the treatment suggested by the reading..."

R2. 5/28/50 Letter from [5014]'s step-mother to EC: "...Child was retarded in every way. Behavior was very erratic and abnormal. Personality lacked integration badly and in

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every way. Always that way from babyhood. Physicians could not diagnose. Just said child was abnormal and retarded with sympathetic nerve and thyroid abnormalities and very little coordination or correlation throughout. Treatment outlined by the reading was carried out continuously except for 2 mos. each summer and we expect to continue another several years. First year - little improvement. Second year, some improvement noticeable and third year definite improvement noticeable. There is no technical name we know of for his condition. No doctor (and we took the boy to a number) gave it any specific name. Mr. Cayce calls it a condition of general retardment as result of an injury to coccyx and sacral area at birth. He is not 100% normal for his age as yet. In fact he appears and acts a full two years younger than his age, but the improvement is 1000% - not 100%. The abnormal behavior and abnormal traits and neurotic characteristics disappeared several years ago. His responses (physical and mental) are still lower than average, but more and more all the time, does general integration of the boy approach nearer a normal personality. His span of concentration which was but a very few seconds at the time of his reading by Mr. Cayce, is now greatly lengthened. He now can study or concentrate without a break for 30 to 40 minutes. He has been unable to do any of his school work. He now is able to do all of it (2 yrs. behind grade) provided he is allowed somewhat more time than generally allotted to the average pupil. It is very difficult to give specific definite facts, for this condition has been an extremely erratic yet subtle thing. Without Mr. Cayce's reading this boy's life would have been unmistakably one of great tragedy. (Mass. General Hospital Clinic in Boston diagnosed him as a permanently retarded child.) But there is now every promise and evidence that with continued use of the treatment outlined by Mr. Cayce that he will ultimately be normal. We may continue his treatment another 2 or 3 or even 4 years. There has been a tremendous improvement in physical coordination, too..."

R3. 11/29/50 Letter from [5014]'s step-mother to EC: "...My son's improvement is marked in past few months. Healing seeming to be gaining more momentum as time goes on. EVERYONE sees and remarks lately the big change in him. It is a definite emergence and you can put it down for the record..."

R4. 6/30/51 Letter from [5014]'s step-mother to EC: "...My son still gets his nightly Wet Cell treatment, and is COMING ALONG. He seems sixteen rather than eighteen but is working six days a week, 8 hours a day on a truck garden and in school is an advanced sophomore. Without EC's reading he would have been a far-cry from that today!..."

R5. 5/10/56 Step-mother's letter: "...You will be sorry to hear [5014] had a severe mental break in January and was placed in one of the State hospitals. He was highly irrational, and showed typical schizophrenic (so-called) symptoms and was diagnosed accordingly. One of the new drugs, Thorozene [Thorazine], brought him back to rationality in about 6 weeks time, - since when he has been in his usual normal state - though perhaps in a little slower than usual motion in all responses. The State has committed him for indefinite hospitalization. He is in what is considered the ward for the nearest normal behavior, and is doing certain duties in either dining room or kitchen, and soon to be given yard work.

"This is not his first aberration. He had one in Jan. '55 and one in Jan. '53, I think but of only a few days duration - both more in form of amnesia, and of course was discharged from Navy in Sept. '54 as psychologically and nervously unfit."

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R7. 7/60 Father's oral report to GD: "[5014] is still in the State Hospital but is allowed to come home on occasional weekends. He is happy there; he has regular duties that are not too strenuous or taxing on him physically or mentally."

R8. 4/3/69 Mrs. Jeffries letter to [5014]'s mother:

Dear mother of son in Case 5014-1,

I note that Edgar Cayce said to restrict sugars & starches. I note also, that he was no longer living when your son fell into the schizophrenic state.

The booklet, HYPOADREN-CORTICESIN, published by the Adrenal Metabolic Research Society of the Hypoglycemia Foundation, Inc., Scarsdale, N.Y. says - p.5: ...in one extensive series being studied in a large psychiatric hospital, not a single schizophrenic has failed to show hypoglycemia & the few therapeutic trials yielded dramatic results. I quote this to you because my son has the same situation your son had, & also has hypoglycemia, which restricts sugar & starches, & uses a high protein diet. And his doctor has helped him so much that I wanted you to know of his work. Also, he has had much success with treatment of psychiatric cases like that of your son.

He is Dr. Lloyd A. Grumbles, endocrinologist, 1000 W. Cheltenham Ave., Philadelphia. If he could see your son even now, it would not be too late to help him. A colleague of Dr. Grumbles' is Dr. John W. Tintera in New York City. I hope you are led to follow thru with checking with Dr. Grumbles concerning your son's case.
Sincerely, Mrs. Wm. M. Jeffries, Greensboro, N.C.

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Suggestive Therapeutics: Children: Abnormal	Par. 5, 8, 12

BACKGROUND OF READING 5022-1 M 9

B1. 9/5/43 Mother's letter to EC: "I have almost finished your amazing book and can't wait until I have completed it before writing to you. I'm so anxious for your help. It is for my son who is now 9 years old. He had a fall when he was 17 months old, that I firmly believe affected his mental development. Up to that time, he was a fine normal child, but a few months later, he got very nervous, would wake up at night screaming, which the doctor (baby specialist) diagnosed as gas. From that, he went to pulling his hair out on both sides of his head and scratching his face pitifully. We had all the finest doctors in ..., trying to help us and had constantly to deprive ourselves so we could give our boy every possible aid we could, but as far as the doctors were concerned, they gave us no help. "When last March we had an X-ray made of his brain, the brain specialist told us the brain had not developed sufficiently up to his years, but the development was

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continuing all the time, which of course, I can see and I am very grateful for. He is like a child of about 4 or 4 1/2 now. He dresses himself, speaks plainly, but does not ask questions like other children do. He has fine coordination, rides a bike, skates, etc., and now in the last few months he is taking an interest in looking at picture books which he never did, and from that we are very hopeful he may read; he has a good memory, loves music, and can do many things if he wants to. But he always seems to have such a feeling of insecurity when we take him for a ride - he keeps saying 'I don't have to go home, mama, do I?' And he is so mad about his daddy that at night when he goes to the bathroom he has to look in his daddy's room and say 'Daddy are there.' At times of course, he is very hard to manage and has a bad temper. I do try and be patient with him, and pray constantly to God to help me to give me strength for the job I have to do with him. I also want to tell you that he was tongue-tied at birth, and his tongue was clipped. Since then it has grown back and he can stick his tongue out further than his lower lip, but the only words he can't say are those like love, or play or any such words as he would have to raise his tongue - otherwise he speaks plainly. We intend having it clipped again, only he has had so much doctoring that we wanted to give him a rest for a while. I am very susceptible to any help in the spiritual or material way... I am of the Jewish faith and have tried to embrace all the fine things of Christian Science in my own groping way, but I can only believe in God as being the only healer and my salvation. I am impatient to hear from you, and I want to have all the faith in the world in you and in your help, please God, I may make a place for my boy in this world."

B2. 11/18/43 Mother's letter to EC: "...Mrs. [...] told how you had helped her boy [2963] so much. When she was in California, I had quite a talk with her and she just couldn't say enough in praise of the wonderful help you had been to her boy and what an improvement he had made under your care... My boy needs your help so badly; he has just been a guinea pig when it comes to doctors, and now he is terrified when he sees one. It has cost us so much money without any benefit to the child. Please, Mr. Cayce, maybe you can see your way clear to set aside some adult's reading for him. With this boy, it is so vital that he gets help. I have such faith that you will help him that I can't wait until I hear from you telling me when the reading will take place. I shall follow your instructions implicitly since coming in direct contact with Mrs. [...], and seeing what happiness you have brought her, I know you will help me too. I only pray that I might make a place for my boy in this world..."

B3. 12/19/43 Father's letter to EC: "...Both my wife and myself are confident that you shall be able to give us the help that no one has, as yet, been able to give us... Each day tears our life and hearts more. The burden which we have to carry falls on my wife. I can get up and go to work, wherein I am away from the ordeal all day, but my wife is constantly with it all the time. The war situation in ... has increased our burden to the extent that there are no private schools available for our boy... The schools are so full of war workers' normal children that they have neither time nor room for someone who requires special attention... You can see what this does to us. We both feel and earnestly believe that you are going to help us solve our problem as well as make a useful, normal person of our son... God knows, we need your help..."

B4. 1/18/44 Father's letter to EC: "...We are now trying to get him in a boarding school, but if we do not succeed, he will be here at home on the morning of the reading... (1) What is the state of his mental condition? (2) Can we secure help in

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the form of a school or teacher that will bring him up to normal?... (3) His actions now are of a belligerent nature; he will not do anything we ask him to do. Is this a case of stubbornness or a case of putting it 'over' on his parents? How are we to overcome this so that his energies can be directed towards learning? (4) We have been advised that these things which he does, his negativeness and his unwillingness to comply with our requests or directions are to be ignored. That we are to let him do as he wants, with no reprimands from us. From this line of approach he seems to be becoming harder and harder to handle. (5) Overall, our desires as parents is to fulfill our obligations and bring him up to normal or nearly normal so that he shall be able to take his place in society. Please outline a general plan of action for us. We are at our wits end on this. (6) If medical or other therapeutic methods will help him, please advise us what to do, and whom to consult for such therapy. (7) What about the influence of his home and parents on him? Has this contributed to his condition, and would you advise change for him? These are our big problems. They are paramount to all else in our lives. The boy's life depends on it..."

TEXT OF READING 5022-1 M 9

This psychic reading given by Edgar Cayce at the office of the Association, Arctic Crescent, Virginia Beach, Va., this 10th day of April, 1944, in accordance with request made by the father, Mr. [...], new Associate Member of the Ass'n for Research and Enlightenment, Inc., recommended by Mr. [3339].

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. (Notes read to and transcribed by Jeanette Fitch.)

R E A D I N G

Time of Reading Set bet. 10: 30 to 11: 30 A. M. Taken 11: 00 to 11: 10 A. M. Eastern War Time. ..., Calif.

1. GC: You will go over this body carefully, examine it thoroughly, and tell me the conditions you find at the present time; giving the cause of the existing conditions, also suggestions for help and relief of this body; answering the questions, as I ask them.
2. EC: Yes - we have the body and those activities.
3. As we find, the better interpretation might be obtained for these physical disturbances through the Life Reading to give the experiences of the entity in the earth. For the greater part of the disturbance here is karmic. While there are incoordinations, there is not the lack of nerve and brain development. Rather this becomes more and more a result of suppression and rebellion on the part of the growing entity or body.
4. These may be met by force but the ones responsible for the body will thereby lose much of their own development.
5. We find it would be preferable to use the Radio-Active Appliance daily to put the body to sleep. Then as it is going to sleep, let the parents - the father, the mother - together, not separately (for this is your responsibility - you can't shun it - you can't delegate it and get the results yourself), make suggestions to the body. Prepare for it in this manner:

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6. When the body is ready to retire, have it take its bath and then along the whole spine, from the base of the brain to the end of the spine, rub gently with very warm water. This should be done with a pad or cloth, so that the pores of the skin are opened. Then massage into the area one day Cocoa Butter, the next day this combination of oils:

Olive Oil.....2 ounces,
Peanut Oil.....2 ounces,
Lanolin (melted).....1/4 ounce.

7. This can be given one night by the mother, the next night by the father, but let it be one or the other of these. It is worth the time for self.

8. Then attach the Radio-Active Appliance, and as the body goes to sleep, make the suggestions.

9. Then take thy troubles to thy Maker, and in thy suggestions appeal to the divine within this developing body.

10. Begin first to prepare self by reading Exodus 19: 5. Know that this is speaking to each of you - the parents. Then read Exodus 20, especially the first 18 verses giving the commandments, and these are to be not merely literally but spiritually applied in self.

11. Then read Deuteronomy 30 and apply these admonitions in self.

12. This will give the parents the background, the purpose and the ideal for which and through which they would prepare themselves to give the suggestions necessary for this body.

13. Do that.

14. Fail, and it will ever be a canker in the mind and purpose in one or the other or in each of you if ye delegate it to someone else - for ye will lose thine own self and ye will one time find conditions reversed.

15. Ready for questions.

16. (Q) Are we too drastic with him or are we not sufficiently drastic in our disciplinary methods?

(A) Study these things indicated, as to how to prepare self. Then use those things suggested. There have been suppressions, yes. There are pressures that cause animosities, hates, rebellion in the body, because of the manner in which there are reflexes to the brain. Not that there isn't the brain, but there are such incoordinations in regard to suggestions as to cause the body to be rebellious and to forget. Mostly when individuals forget it is because something within themselves, all their inner consciousness, has rebelled - and they prepare to forget. Do as given.

17. We are through with this reading.

REPORTS OF READING 5022-1 M 9

R1. 4/3/50 Questionnaire sent. No reply.

R2. 10/23/52 There is no record in A.R.E. files regarding an order for a Radio Active Appliance. There is also no record of verbal or written contact on this case since 4/21/44.

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BACKGROUND OF READING 5589-1 F CHILD

B1. 7/21/30 Aunt [255]'s letter: "Enclosed find \$20 for a rdg. for a little niece of mine. Her name is [5589]. Would you be kind enough to send a telegram a day ahead, so we are surely here. I certainly would appreciate it very much if she can have the rdg., as she has different symptoms that ought not to be neglected. She is Mr. [378]'s sister's child."

TEXT OF READING 5589-1 F CHILD

This Psychic Reading given by Edgar Cayce at his office, 115 West 35th Street, Virginia Beach, Va., this 6th day of August, 1930, in accordance with request made by her aunt, Mrs. [255].

P R E S E N T

Edgar Cayce; Mrs. Cayce, Conductor; Gladys Davis, Steno.

R E A D I N G

Time of Reading 11: 40 A. M. Eastern Standard Time., New York.

(Physical Suggestion)

1. EC: Yes, we have the body here, [5589]. Now, we find in many respects the body very good; yet there are those conditions which, if corrected in the present, will prevent and relieve many of the conditions that are disturbing to the body in the present development.
2. In these conditions, we find there are specific causes as make for pressures in the system, that produce the distortions as come to the imaginative and mental reactions of body, as well as for functional disorders, with organs involved.
3. These conditions, as we find, emanate from pressures as exist in the lumbar and coccyx region, caused by a pressure and a curvature in the coccyx end of the spine itself.

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4. These pressures, as we find, produce for those of pressure in the organs of the pelvis, which must - sooner or later - cause a great deal of disturbance in the functioning of the organs, as well as it does make for those retardments or over activity, dependent upon the actions in which these are responding, or do respond in the system, to the mental activity; for that, that makes for incorrigibility in the actions of the body, and for those of the repressions in the functioning of the organs, as related to the lower portion of hepatic circulation. This produces also, reflexly, as may be seen, those of the conditions as make for the THROAT, the lungs, the head, and the nasal cavities. These are but reflections, and when applications are made for the removal of DISORDERS as are made there, these are only temporary reliefs; while, will the pressure be removed from those of the lumbar and coccyx region, through those of the chiropractic or osteopathic adjustments, and the system - through that of the diet, and the tendency to keep for the balance, so that the replenishing and rebuilding comes near normal, we will find the body developing into a NORMAL activity, normal reflexes, from the mental and spiritual forces of the body. These, then, would be those corrections to be made: Those in the coccyx and in lumbar region. Manipulations sufficiently with same as to make for the coordination throughout the entire system, as is disturbed, which ALSO, as we find, shows in the 3rd and 4th cervical, as well as in the mesenteric system.

5. In the diets, we would follow those more of citrus fruits and gruels of mornings. Of noon, those of the raw vegetables and nuts. Those of the evening, the vegetables that carry those of the salts, and of all the various chemical reactions as are necessary for the replenishing and the building up of the system. These, we would find, would be well cooked, but without grease. Those of lentils, beans. Of the roots, those of carrots, potatoes (yams, rather than of white potatoes). Those of the beans would be rather those of the pod nature. Much of tomatoes, and those that form for glucose in the system. Those in salsify, okra, and such. These will build that as properly in the system.

6. In the meeting of those conditions as necessary for the balancing of self, these will be found NECESSARY - that some control of self, as related to responses from outside, must be exercised by the body.

7. Do this, and we will find we will bring this body, [5589], to a near NORMAL condition.

8. Ready for questions.

9. (Q) What can mother do to help body?

(A) Be patient, long suffering; do not be TOO severe, but be VERY positive. We are through.

REPORTS OF READING 5589-1 F CHILD

R1. 4/11/67 Aunt [255] reported the rdg. was followed and her condition corrected. Miss [5589] is now personnel director for a big firm. She grew up to become a nurse, then became a psychology major, then went into business. It was a miracle how she responded to the treatment in the reading and went from subnormal to above normal in every way.

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: Educational: DeWitt: IN THE DEVELOPING MIND	Par. 7-A
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BACKGROUND OF READING 5747-1

None.

TEXT OF READING 5747-1

This psychic reading given by Edgar Cayce at his home on Arctic Crescent, Virginia Beach, Va., this 29th day of June, 1932, in accordance with request made by members of the Norfolk Study Group #1 who were present, during the First Annual Congress of the Ass'n for Research & Enlightenment, Inc.

P R E S E N T

Edgar Cayce; Gertrude Cayce, Conductor; Gladys Davis, Steno. Hannah Miller, Esther Wynne, F. Y. Morrow, Lillian Barclay, Mildred Davis and Hugh Lynn Cayce.

R E A D I N G

Time of Reading 3: 00 P. M.

Virginia Beach, Virginia.

1. GC: You will please give at this time in lecture form detailed information which will aid parents and teachers in training and developing a complete expression of the psychic or soul forces of children; suggesting the proper approach, system of studies and exercises for varied ages, and giving such specific rules which should be followed. Please answer the questions which will be asked.

2. EC: Yes. In approaching such conditions it would be well that that as related to the parents and that as would be related to teachers be understood; for preparations for childhood and development in any phase of attributes of the mental or physical body should be begun before the conception takes place. Well that such rules as were given by Hannah or Elkanah be observed, that there is the consecration of those bodies.

3. Then, as the development of the mind of the child, develop its imaginative forces rather than the material or objective forces. Acquaint such a mind with the activities in nature, and train especially in the laws of recompense as is seen in nature day by day. Also in those activities that make for a clean body, a clean mind, and the same recompense as in nature should be required in the activities of the developing mind of the individual. A clean, healthy body makes for a better indwelling of a healthy, clean mind, so that the spirit may manifest the better.

4. In considering, then, the conditions that are met by teachers, or those who minister to the needs of developments of minds where little or no interest has been given as to that environ through which the developing mind has passed, or is passing - IF, or rather has the stress been laid upon the material or the objective lessons of life that are presented to them, then the necessity of segregation is in order; for these that are called through their natural development may be given that in nature, in the beauties in nature, in those expressions that come through the study of same, that which will make for the abilities of the closer associations of an entity-mind, an entity-soul awakening; while the environs where such are given to those that abhor, or have been trained, or have not had that development that makes for hindering such conditions, these - to be sure - present in themselves many conditions that make for combativeness; yet these would be well to be kept in their own respective spheres of development.

5. As to the amount of exercise physical or mental, this necessary to be considered as respecting the environs, the ability of the development of the individual, and the responses that are made. First and foremost teach, train, IMPRESS the developing mind that it is expected to be in accord with that inner self that SEEKS expressions in the relationships of it AS an entity with its Maker, and when one trains a mind, a child, in the way it shall go, when it is old it will not depart from same. The evolution of those forces in nature that find expression in the psychic or soul forces, better that the term soul be used than psychic; though these are of the same nature, dependent upon the stress by the individual, for these often become taboo by ones when their very expression is to follow in the very same idea that is being expressed by another, but in following same keep that mind that, that consecrated for a purpose, ALLOW that to be used in that direction, and that way and manner which will bring for the individual, and to the individual, that it has been led to expect; and, as has oft been given, there is a replica in nature of every force that may be manifest in heaven, and this may be made a part of each developing mind.

6. (Q) What is the best method to be used in curing children of injurious habits already formed?

(A) In using that of suggestion to the subconscious or soul mind of the body as it loses itself in normal sleep, and praying with and for the body. In that state when the body loses consciousness in sleep, the soul mind (not the unconscious, but the subconscious proper, or superconscious) may be impressed by suggestion that will be retroactive in the waking, or in the physical normal body. In these manners may the better results be obtained in a developing body, for it becomes then retentive and will retain same as the ideas and ideals of every element of the body's activities; for they become as the virtues of the body-mind, and from same the understandings of how, why same is retentive, and will be acted upon in its activative force, in its motivating actions, through the normal conditions of the body or mind.

7. (Q) Are there any books or other literature which would aid either the children or the teacher?

(A) There have been many that would be aids, as IN THE DEVELOPING MIND that has been written by DeWitt, or that of TRAINING OF CHILDREN as by McDowell, or the like. The BETTER is to train self first AS a teacher, in consecration of self's life to the service of the GREAT Teacher, and using those same laws, same truths, that were taught by HIM, and THESE will give such results in the experience of individuals as to be found to be of the GREATEST help; though, to be sure, any that gives those various conditions that are experienced in the life or experience of others is naturally of help or aid to others in meeting their own problems. First of all in teaching, do not attempt to teach one that abhors such conditions as a clean body with one that desires to be in mud continually, whether mind OR body! [See 5747-1, Reports.]

8. (Q) How is the best way to explain God to a child under twelve years of age?

(A) In nature. As the unfolding of that that is seen ABOUT the child itself, whether in the grasses, the flowers, the birds, or what; for each are an expression of the Creative Energies in its activity, and the sooner EVERY SOUL

would learn that they themselves are a portion of everything about same, with the ability within self to make one's self one WITH that that brought ALL into being, the change is as that of service in its NATURALNESS.

9. (Q) How may normal children be made to become more interested in studies that are vital to a liberal education?

(A) One may not be made, but there may be put in their WAY that as will lead them to investigate or delve into those things in nature in the world about them, that leads to the unifying of the sources of all force in the physical world. Do not attempt, when the older or the developing mind has reached ten, eleven, thirteen years, to interest them in that which interests them not; for then we find their minds opening FOR that, TO that, which has been BUILDED in their development throughout their experience in a material plane, but the consecration of the teacher, or the parents, then gives the necessary expression to meet those conditions. Be one with, even as He was one with; remembering ever that, as HE gave, so is to the teacher or the parent, "Unless ye become as little children ye shall not enter the kingdom of heaven." Be able, then, of thine own consecration, to be one WITH them in THEIR problems, for in the tot that has just begun to think THEIR problems to them are as great as thine own, yet how easily are they forgotten - as yours should be! Train in the way as a child, and when old they will not depart from laying trouble aside. That that lives in the past, that that builds and builds, is not as the child. Expect and ye shall receive. Knock and it shall be opened.

10. (Q) When children are more interested in play or work than study, should they be forced to attend school?

(A) Depends upon when this began as to the necessity of attending school. Oft in the parent, they themselves have builded IN the child the dislike for school, by the things that have been said before they ever start to school! Do not attempt to TURN that that has been builded. Rather ANALYZE the conditions as to what the cause, and by persuasion - rather than coercion - bring about that which is not as THOU may think, but as may be builded FOR that which is in keeping with the prayers that may be offered; and here may be given as to how prayer may be answered and KNOW you have the correct answer WHEN you have the answer: The spirit speaks of itself. When such a question arises, ASK of self yes or no - get the answer, yes or no - for it will come! This may be wholly mental, see? Whether yes or no - may be wholly mental. Then in thine prayer, in thine meditation, "IS my answer (whatever it may be) correct or incorrect?" Then the spirit answers.

11. We are through for the present.

REPORTS OF READING 5747-1

R1. 7/17/81 GD's note to CTC:

OFFICE OF THE SECRETARY (Letterhead) of EDGAR CAYCE FOUNDATION and ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT, INC.

GDT-CTC's AGENDA for lunch meeting:

See attached 6/29/81 copy I made from the BACK of the Univ. of Va. loan copy obtained by Alan Taylor for Carolyn Paolo (while she was in my office with

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it). I'm using this as a Supplement to the Child Training reading 5747-1, Par. 7-A (with my notations), because when she made three copies for the Library and one for E.C.F. she did not include this cover part - only the inside pages - Title, Publisher, Contents, etc. (I've read a few pages and am astounded - even with all my years of knowing and experiencing how accurate the readings were - at the ability of EC to "pick up" these two titles.) Alan Taylor is going to try to get a copy of the MacDowell book also.

We've asked Alan Taylor (Carolyn introduced me to him yesterday) to get us all the information he can so we can have the copyright traced (c. 1914 By Thomas Y. Crowell Co.) - it may be that we can obtain rights to republish.

Do you approve pursuing this? [He answered "YES!"]

R2. 8/25/81 GDT-CTC's AGENDA for lunch meeting: Item 3.

"The Education of Karl Witte" book: or The Training of the Child, edited, with an introduction, by H. Addington Bruce - Translated from the German by Leo Wiener, Professor of Slavic Languages in Harvard University - published by Thomas Y. Crowell Company, New York in 1914 (March 1914), Copyright 1914 By Thomas Y. Crowell Company. [Mentioned in Child Training reading of 6/29/32, 5747-1, Par. 7-A.]

Phyllis Embleton found out that the book was published by ARNO PRESS, 3 Park Avenue, New York, N.Y. 10016, CLASSICS IN CHILD DEVELOPMENT SERIES, 356 pages, 1975, with all rights. (She found it under the title THE TRAINING OF THE CHILD.) It sells for \$29.00 but is out of stock; will be available in late Fall 1982. It may be more costly by that time. She is going to make a note to call them in early or mid-1982, to see if we can handle it, etc.

Our Library should certainly obtain a copy of it. [The A.R.E. Library does have a copy of it and the book is also available as a PDF on the Internet for free.]

R3. 5/8/83 Stephen Goranson's letter:

Cayce and Research on a Recommended Education Book

To: Charles Thomas, Gladys, Library, Youth Activities Department From: Stephen Goranson, 2317 Burton Dr., VB 23454

When I read that a book Cayce recommended on education (in #5747-1, Par. 7-A) had been located, I checked out the book and reread the reading. While THE EDUCATION OF KARL WITTE, or THE TRAINING OF A CHILD is an interesting story, and it does show something of the remarkable capacity of this child to learn, I had to conclude it was not the book Cayce recommended because the title, author and content are all not what Cayce said. He said "Training of Children as by McDowell" and that Dewitt wrote another book. Yes, sometimes things are incorrect in the readings (e.g. some of the dates) and sometimes the transcription contains errors (e.g. spelling and punctuation, as might be expected with Cayce's occasionally unfamiliar language), but this kind of reversal is not, to my knowledge, a typical error. So I looked for another book and found it: by Margaret McDowall, SIMPLE BEGINNINGS IN THE TRAINING OF MENTALLY DEFECTIVE CHILDREN, London, 1921 (2nd edition). Cayce shortened the title to ...TRAINING OF...CHILDREN. A copy is here on loan from Ohio State University, and I will ask the library to xerox it.

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While the Witte book shows a father who has decided to create a classics scholar out of his son (and in this case succeeded) - an idea quite foreign to Cayce - Margaret MacDowall's teaching is harmonious with Cayce. In the same reading answer, Cayce says, "First of all in teaching, do not attempt to teach one that abhors such conditions as a clean body with one that desires to be in mud continually, whether mind or body!" Margaret MacDowall begins her discussion on cleanliness on page 22. Cayce said, in the same answer, "The better is to train self first as a teacher, in consecration of self's life to the service of the Great Teacher, and using those same laws..." This is precisely what Margaret MacDowall writes. Two of her key quotations: "Himself took our infirmities and bare our sicknesses" and "The letter killeth, but the Spirit giveth Life". Also of interest are her dialogs with children and her references to "Madame Montessori".

I would be interested in hearing whether you think this is what Cayce advised....

[signed] Stephen G.

R4. See Source File Key #5747 Child Training - THE EDUCATION OF KARL WITTE OR THE TRAINING OF THE CHILD - excerpt sent by Carolyn DiPaolo to GD. re 5747-1.

NUTRITION

Nutrition and Learning Disorders *Venture Inward, September/October 2004*

A recent study by Medco Health Solutions, Inc., the leading pharmacy benefits management company in the US, reports a 77 percent increase in spending on behavioral drugs in children and teenagers between 2000 and 2003. Every year, more children are diagnosed with learning disabilities and *attention deficit hyperactivity disorder* (ADHD) – a term used for children who display certain mental, physical, and emotional traits, including difficulties with reading and writing, math, and information processing and retention.

The usual treatment of ADHD involves mind-altering stimulant drugs such as *Ritalin*. The number of children on Ritalin in America is estimated between 3 and 5 million. If Ritalin helps our children learn, it does so at a terrible cost. Its long list of side effects includes insomnia, headaches, irritability, abdominal pain, excessive sadness or crying, weight loss, suppression of growth, increased heart rate and blood pressure, dizziness, nightmares, constipation, and skin rash. These side effects are often “treated” with yet more drugs, setting the stage for multiple chemical dependencies. Research done at the University of Buffalo has also established that Ritalin may cause long-term changes in the brain.

Today’s children are under a lot of stress – school stress, home stress, and peer stress. Their bodies and minds are also stressed from eating too many processed, refined, and sugary foods. Decades of research have shown that diet not only influences physical health, but mental and emotional health and cognitive function as well.

Recent research has focused on essential fatty acids (EFAs) in the nutritional treatment of learning disorders. Interestingly, some of the physical symptoms related to ADHD, including skin problems, frequent muscle aches, and digestive difficulties, are similar to symptoms of EFA deficiency. EFAs are involved in nearly every biochemical process, including brain function and the transmission of nerve impulses.

A study reported in the January 2000 issue of the *American Journal of Clinical Nutrition* demonstrated a relationship between symptoms of ADHD and low levels of EFAs in the blood stream. Research experiments conducted at Purdue University in the US and Oxford University in the UK have also shown that EFA supplementation in children with learning disorders can produce significant improvement.

Essential fatty acids are called essential because they cannot be manufactured by the body and must be obtained from food. A whole-foods diet rich in fresh vegetables and unrefined grains, nuts, and seeds naturally supplies EFAs. Cold-pressed, unrefined vegetable oils and seed oils are excellent sources. Eicosapentaenoic acid (EPA), found in the oils of some ocean fish, notably salmon, tuna, and mackerel, is a fatty acid that provides similar health benefits.

Many children, however, do not eat adequate amounts of these EFA-rich foods. *According to Dole’s Fruit and Vegetable Update: What America’s Children Are Eating*, our kids are eating far too many sweets and only half of the recommended five servings of fruits and vegetables a day. Not only is the typical diet low in EFAs, but it is also often loaded with refined, processed, and hydrogenated vegetable oils, which disrupt metabolic processes and interfere with the function of EFAs.

Deficiencies of other nutrients also play a role in learning dysfunction. Research conducted at the Salk Institute for Biological Studies in San Diego, California, showed that vitamin A promotes learning by influencing brain cell activity in a region linked to learning and memory. A fat-soluble nutrient, vitamin A requires the presence of high-quality dietary fats in order to be assimilated. The natural fats found in butter and whole milk and dairy products promote the absorption and assimilation of vitamin A in the body.

High on the list of nutrients that improve brain function and learning processes are B-complex vitamins, essential for the proper synthesis of many other nutrients. B vitamins – found in whole grains, green leafy vegetables, eggs, dairy, brewer’s yeast, and meats, especially liver – help protect the integrity of the nervous system.

Also important for optimal brain function is natural vitamin E (d-alpha tocopherol), which preserves cellular DNA repair function and fights free radicals. It promotes blood circulation to the brain and other tissues. Wheat germ oil is especially high in vitamin E. Other good sources include almonds, walnuts, cashews, butter, and eggs.

The importance of a natural foods diet in helping your child to learn should not be underestimated. It provides proteins, vitamins, minerals, and fats to nourish the brain and nervous system and help your child grow and learn without the need for prescription drugs!

Simone Gabbay

Simone Gabbay, RNCP, a nutritionist in Toronto, is the author of *Nourishing the Body Temple: Edgar Cayce’s Approach to Nutrition and Visionary Medicine: Real Hope for Total Healing*.

Prescription Drugs Deplete Nutrients

Venture Inward, January/February 2002

I recently spent a night in a hospital emergency ward with a woman who had been brought there after collapsing in an airport lounge. She had been admitted with severe heart rate irregularities and blood pressure fluctuations. Considering the seriousness of her situation, the diagnosis was surprisingly simple: she was suffering from a severe deficiency of potassium, an important mineral that helps to regulate heartbeat and other metabolic processes.

This patient's diet was poor. She ate few fruits and vegetables, the most abundant sources of potassium. She regularly consumed alcoholic beverages, which deplete the body of minerals. Worst of all, she had taken diuretic medication for several weeks. Diuretics increase the flow of urine, thereby removing excess fluids, such as those which cause swelling of body tissues. Along with these fluids, however, diuretics flush out essential nutrients, including water-soluble vitamins B and C, and minerals such as potassium, calcium, magnesium, and zinc. The resulting deficiency symptoms can be as severe as in the case just described, or they can be subtle, manifesting as muscle weakness, nervousness, insomnia, excessive thirst, and digestive difficulties.

What makes things worse is that such symptoms are often "treated" with other drugs, setting the stage for additional side effects and multiple chemical dependencies. The costs to the health care system and to the patient are often enormous. This is particularly disturbing when we know that a simple nutritional supplement could provide the "cure" at a fraction of the cost, and without causing further damage. If the physician who prescribed the diuretics for our patient had also advised her to take a mineral supplement, she may never have become seriously ill. She could thus have avoided the costs for the ambulance and her hospital stay, as well as the expensive drugs and testing procedures. Better yet, if she had followed a whole foods diet which naturally balances metabolic function, she may never have had to take diuretics in the first place.

The patient in this case is my mother, who does not share my enthusiasm for nutrition and preventive medicine. I am grateful for the expert medical help she received. It clearly saved her life. I am convinced, however, that better patient and doctor education and an awareness of basic nutritional principles could have saved her from this ordeal.

Many prescription drugs deplete the body of nutrients. Antibiotics, for instance, wipe out the healthy microflora in the intestinal tract, which is essential for the proper synthesis and absorption of nutrients in the small intestine. Such a disruption in the intestinal microflora causes various vitamin and mineral deficiencies. It also suppresses the immune system and frequently contributes to an overgrowth of undesirable yeast organisms, such as candida albicans. Numerous health problems, including chronic fatigue, multiple food allergies, and hyperactivity in children, have been linked to yeast overgrowth in the intestines. To keep candida in check, and to promote a healthy intestinal environment, it is important to take a probiotic supplement containing both lactobacillus acidophilus and bifidobacterium bifidum with each meal for a minimum of two weeks following a course of antibiotics.

It would be even better to strengthen the immune system naturally by eating an alkaline-forming whole foods diet that provides all nutrients required to fortify the body's own defense system. Antibiotics would then become largely unnecessary, and their use could be restricted to life-threatening medical situations. Pharmaceutical drugs acidify the body, thus contributing to lymphatic congestion. The lymphatic system, which is the body's major waste removal mechanism, needs an alkaline environment for optimal function. Drugs also burden the liver, which is responsible for detoxifying the body from the fallout of chemical substances. Most drugs also rob the body of B vitamins, especially folic acid. Calcium and potassium are depleted by antacids, anti-fungal drugs, and anti-inflammatory medication (corticosteroids). The resulting nutritional imbalances can cause wide-ranging digestive and metabolic problems.

Children as young as age three are put on the prescription-drug roller coaster with behavior-modifying medication such as Ritalin and Prozac. It's too bad that pediatricians don't seem to know that hyperactivity often ceases when refined and processed foods are eliminated from children's diets.

Prescription drugs can and do save lives. Sometimes they are necessary. But sometimes, a dietary change or a nutritional supplement can do the job better, without the risk of side effects. If you take medication, be sure to inform yourself about what you can do nutritionally to counteract any resulting deficiencies.

Simone Gabbay

Simone Gabbay, RNCP, a nutritionist in Toronto, is the author of *Visionary Medicine: Real Hope for Total Healing*, and *Nourishing the Body Temple: Edgar Cayce's Approach to Nutrition*.

And A Little Child Shall Lead Them

by Dr. Dana Myatt

*A Physician's Diary: Case Histories of Hope and Healing
with Edgar Cayce's and Other Natural Remedies*

Tammy was an energetic, adorable eleven-year-old with dark brown hair held in a high pony tail by a colored elastic band. Her smile and her exuberance were positively contagious as soon as she walked in the clinic. "Well," I said, "are you the patient? You look pretty great to me." She smiled and bounced in her chair.

"Yes, I'm the patient, Dr. Myatt," she announced confidently.

"Well," I told her, "I give up ... tell me what's wrong."

"I'm hyperactive," she announced with all the boldness of a confident diagnostician.

"And how do you know this?" I asked her.

"I've been evaluated by school counselors *and* by two different doctors. I'm having trouble in school – my grades aren't very good. The teacher says that I don't apply myself, that I have too much energy."

"And is that true?" I asked. "How does it feel to you?"

"I guess I'm kind of bored with school," she told me. "Sometimes I don't pay attention. But sometimes I really try to pay attention and it just seems like I can't. I get in fights sometimes. I don't mean to. I don't exactly know how it happens. Anyway, it seems that I'm always in trouble at school. I'm in trouble a lot at home, too," she added reluctantly.

"Tell me what it's like at home," I questioned.

"Well," she said, "Mom is sick a lot. She asks me to do a lot of things for her."

"Like what?" I wanted to know.

"Well, like bring her a Coke® ... bring her a candy bar ... run to the store and buy cigarettes."

"How can you buy cigarettes for your mom?" I wanted to know.

"Oh, Mom writes a note and says it's O.K. The storekeeper knows that Mom is sick all the time and can't get out, so he sells the cigarettes to me."

"How do you feel about all of that?"

"Sometimes it makes me angry" she confessed.

"What about it makes you angry?"

"I don't get to play with kids. It seems that I'm always taking care of Mom. They taught me in school that smoking isn't good for you. But when I tell that to Mom and ask her to quit, she just gets mad at me. She says that with all the stress she's under, it's the only thing that calms her down. Sometimes we get in fights about it because I think she ought to quit smoking. Instead, I have to run to the store and buy cigarettes. I don't have time to play with anybody and sometimes that makes me sad."

Tammy seemed very mature for her age. The way she was discussing her condition with me indicated a degree of understanding beyond her years. Perhaps it was because of the adult responsibilities that had been placed on her. Though I kept the conversation light, I began talking to her in a more mature way. She seemed to appreciate it, and the communication between us improved.

"How long have things been like this?" I asked.

"Well, for about three years," she responded. "Everything was fine until I was eight years old. Then Mom and Dad got a divorce. After that, Mama stopped working. She's been sick ever since. Now we live with Grandma, who takes care of us. I like Grandma a lot, but she and Mama don't get along. They're always arguing and that makes me sad, too. Sometimes I wish Mama could just be like other moms. You know, go out, work in

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the daytime, and fix dinner. But she's not like other moms. She sits home all day and watches TV and makes me wait on her."

"I bet that's pretty tough," I said with true sympathy. She nodded silently.

"Speaking of dinner, I want to know what kind of things you eat. What do you usually have for breakfast?"

"Oh, you know, some kind of cereal. My favorites are Fruity Tooties and Sugar Crunch. At noontime I sometimes have the school lunch. Usually not, though. Mom says it's too expensive. I pack myself a lunch ... peanut butter and jelly sandwich, a bag of potato chips, a Twinkie®."

"Does your mom or grandma ever fix lunch for you?"

"No, I fix it myself," this little woman-child responded.

"So then what do you do for dinner?"

"Sometimes Grandma cooks. Grandma fixes really good spaghetti. Sometimes Mom sends me down the street to the burger shop, and I get hamburgers for all of us. Otherwise, I just kind of get my own dinner – whatever's around."

"And what kind of things are around?"

"Oh, you know, sometimes I just snack. Maybe a Twinkie® or a fruit pie. Sometimes I get a hot-dog at the fast-food store down the street. Just snacks, you know"

"No, I don't really know until you tell me," I said with a smile.

"Yeah, I guess that's right," she agreed and grinned back. "Since you're in town for one week for treatment, let's talk some more tomorrow. We may take a little blood test tomorrow, too. That will be O.K., wont it?"

"Will it hurt?" her voice was hesitant.

"Yeah, a little bit. Kind of like a big mosquito bite. Have you ever fallen off your bike and skinned your knee?" She nodded. "Well, I guarantee it won't hurt that much, and you made it through that O.K., right?"

"Yeah," she said. "I've had lots of skinned knees. If it doesn't hurt more than that, it'll be O.K."

"All right, I'll see you tomorrow. Have a good dream tonight and tell me about it next time I see you. O.K.?"

"O.K."

"Oh, by the way, I charge hugs for office visits. You can pay up now," I said and opened my arms wide.

She ran and threw herself against me like a little sponge, hungry for love. I hugged back. After what seemed like nearly a minute, I rocked her in a gesture that said, "Now it's time to go." A little part of me felt sad, as if I wanted her to stay so that I could hug her all afternoon.

The following day, I saw her mother as a patient. She had already received a diagnosis elsewhere. Her complaints included a stomach ulcer, irritable bowel syndrome, and general muscle aches and pains. She smoked cigarettes heavily, drank a lot of colas, and ate a very poor diet. In addition, she no longer worked or performed any type of service, but instead sat home watching television all day long. This, she claimed, was because she "hurt all over." She couldn't really work, she explained, because of her discomfort.

When I asked her why she thought she might have an ulcer, she said it was because of worry. "And what kinds of things do you worry about?" I questioned.

"Well," she said, "I worry about not being able to support myself. I live with my mother and we don't get along very well, so that causes a lot of stress. And then, of course, I worry about Tammy. With all the trouble she's having in school, I'm just afraid for her and what her future might be. My life is really very stressful, you see."

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"Did you know that the diet you're on, combined with the smoking, may have caused your ulcer? And did you also know that the type of diet you're on may be the cause of your intestinal troubles?"

"No," she said, she didn't know that. Further, she did not think that was possible. If it were, her medical doctor back home would have told her about it. Instead, she had been put on some anti-ulcer medication. Her doctor had mentioned once that she ought to quit smoking, but he never pressed the issue with her. Because of that, she didn't really think it was that important.

When I first started practicing medicine, I believed that patients came to see me when they wanted to get well. After being in practice for some years, I discovered that this is often, but not always, the case. Sometimes there are many reasons for a patient not to recover. It appeared to me that Tammy's mother, Eleanor, might be in such a category. The more she talked, the more I could see the "secondary gain" that she derived from being ill. Because of her complaints, her daughter felt responsible to wait on her. Also, by being ill, she felt excused from many of the responsibilities of life and of motherhood. Using her illness as the reason to be in a chair all day, she felt it acceptable not to take care of her daughter, not to cook, not to hold down a job. Her illnesses also were the reason that her mother had taken both her and Tammy in. After all, if Eleanor was sick and couldn't work, how could she care for a daughter? The illness had a lot of benefit to it. Though Eleanor, as with most patients, would not acknowledge this at first, it had to be considered as a possibility. In Eleanor's case, there was no aspect of her illness that was so debilitating that it would have prevented her from work, especially in the case of doing something meaningful and helpful around the house. Her illness did not, in truth, prevent her from "homework." It was enough of an excuse, however, both in her own mind and in the mind of her mother. It also seemed to be effective in manipulating her eleven-year-old.

Over the course of the next few days, I continued to have discussions with Eleanor. She had made up her mind to be ill, and there was no helping her change it. She informed me that she was sick and it was because life was stressful and there was nothing she could do about it. I tried to help her see how much good she could do in her own life if she would make some changes in her behavior, but she wouldn't hear of it. She was bound and determined to be sick. This, I believe, is anyone's right and anyone's privilege. For Tammy, however, her mother's choices were also affecting Tammy; the mother's choices were contributing to the illness of the daughter. There was only one thing to do as far as I could see. Toward the end of the week, I had a heart-to-heart talk with Tammy. If Mom would not change her behavior and help herself, it was up to Tammy to make her own changes. As with our previous visits, I spoke with her in a more adult tone, knowing she could understand it that way.

First, I explained to Tammy how her diet, which was high in sugar, could be contributing to or even *causing* her hyperactivity. Though I didn't go into all the biochemistry of the situation, I did point out that a young, rapidly growing body needs lots of nutrients to help it grow correctly. A diet that was mostly fast food and sugar did not contain enough of those important ingredients to help her grow up strong and healthy. I also explained how that excessive sugar could be overstimulating her nervous system, making it difficult for her to concentrate in spite of the fact that she was very bright. She seemed to understand and accept this. Then she asked the piercing question, "What do I do to make my diet better? It seems like it will be difficult with Mom the way she is."

I lowered my head and spoke in quieter tones. "Tammy, I've talked to your mom. I've explained some of these same things to her – how she could help herself *and you* by making some changes. It just doesn't seem to me like your mom is ready to listen or to

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understand at this time. Now, here's the challenge for you. Your mom is older. You look to her for the example and guidance. That's the way it usually goes with the older ones teaching the younger ones the proper way to live. In your mom's case, she's kind of forgotten, or maybe she never knew, some of these healthy principles. Right now, she's not setting the kind of example for you that will make you strong and healthy. You can wait for her to change, but who knows how long that will take. She might *never* change. She might always be the way she is. You're very mature; you can understand; you can do this, I know. One of your choices is that you make your changes *without* waiting for your mother or grandmother. I'll teach you what a good diet would be like. I'll help you to know how you can fix things for yourself, even good lunches to take to school. But if you're waiting for somebody else to fix you or give you these things, it might never happen. You are too intelligent to do poorly in school just because you're not able to concentrate. I believe that if you make some of these changes, you can help yourself get healthy."

"What will happen to Mother?" she asked. "How can I change her? I try to talk to her about the smoking. I try to ask her to fix us some regular meals, but it doesn't seem to make any difference to her. What about that?" she wanted to know.

"Yes, I've tried speaking to her, too, and she didn't hear me either. Tammy, I want you to just go ahead and do the good things for yourself. I know it's going to be hard sometimes. Your mother asks you to go get cigarettes, and you don't have time to play with friends. And it doesn't feel good to buy her cigarettes when you know they're not healthy for her. Maybe sometime you'll be brave enough to just say, 'No, Mother, I don't want to get your cigarettes and I won't. I believe that they're hurting you. I believe that if I go get them for you, then I'm helping you to hurt yourself and I love you. I don't want to do that anymore.' It would take a lot of courage, but I bet you've got that much courage."

She looked thoughtful and then nodded. "Yes, I think I do," she said hesitantly.

"Tammy, you can't change your mother. You can only change yourself. Some of the things that I am suggesting that you do, like make your own lunches and fix healthier foods, are very grown-up things. Most kids your age would rely on their parents to do it for them. But you're not like most kids your age, and your circumstance is different from many other kids! You're going to have to be more grown-up and make more grown-up choices if you want to be well. When your mother sees you making healthy choices and if you'll stick to your guns, she may come around. She might change her mind and ask you what you're doing. Most younger people look to their parents for their example, for their model of how to behave. Your mom right now is not well, and she's not able to be a good model for you. Maybe you are going to have to be a model for her. At the very least, you can help *you* get well. And maybe, at the very most, you can help your mother recover as well. Tammy, it won't help your mother get well for you to be sick. Does this make sense?"

"Yes. Yes, it does," she said. I could almost hear her thinking.

Since Tammy was largely responsible for her own diet anyway, I taught her how to make healthier choices. We discussed the fact that she should always have breakfast and something better than a candy bar. She liked fruit, and she already knew how to scramble herself an egg. An egg, a piece of toast, a bit of fruit – that would be a good breakfast, we decided – and she knew that she could do that. For lunch, the school cafeteria always had some good things that included a salad bar. The problem was that her mother didn't always give her the money to eat at the salad bar. "Tammy, why don't you tell your mother that you want to eat healthier foods so that you can get well and that it would be much easier for you to be able to take the school lunch every day? Tell her that if she would decrease her smoking, she could give you the money you need to buy school lunch. Maybe it's a little manipulative," I admitted, "but why don't you make her

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feel a little guilty? After all, she's spending money to smoke, and we both know that's not healthy for her. Why can't she give some of that money to you for your school lunch?"

"Yeah, I could do that," she said enthusiastically. I could tell she was eager to try our strategy.

"If it doesn't work and you can't find money for school lunch, take some vegetables with you instead of potato chips. See if you can have a tuna or cheese sandwich instead of just peanut butter and jelly. And a Twinkie® every day for dessert? Well, maybe just a couple of times a week, hmm? Raisins would also be good."

"Oh, yes, I like raisins," she said. "I think Mother would buy those for me if I asked."

"Good!" I encouraged. "We're almost there."

Finally, we talked about dinner. "Tammy, your grandma knows how to cook, right?"

"Yes, and sometimes she does," Tammy offered.

"Well, why don't you ask Grandma to cook more often?"

Tell her that you want to learn how to cook and ask her if she'd teach you. Maybe grandma would be a little more enthusiastic about cooking if you asked her personally to do it. Have you ever tried that before?"

"No," she said, "I haven't. I bet Grandma would like to teach me how to cook."

"And while you're at it, why don't you tell Grandma that Dr. Myatt suggested you eat more vegetables? Ask her if you could cook some vegetables along with dinner. Do you think she'd do that?"

"Oh, yes," Tammy said. "Grandma knows how to cook vegetables. She pretty much stopped because Mom says she hates vegetables. But I bet if I told Grandma I liked vegetables, she'd start cooking them again."

"Excellent." I could tell that Tammy had the strength and the courage to make the necessary changes. It was asking a lot of an eleven-year-old, but what else was there to do?

"Now what do I do when Mom is sitting home all day, watching the television and smoking and being sick?" It seemed like the final important question for which Tammy needed an answer. "When I come home from school and see her sitting there like that, I get so angry" she told me, but her voice didn't sound like the emotion of anger.

"How else does it make you feel?" I wanted to know. "Well, I worry about Mom, Dr. Myatt. It seems like she's always sick."

"Tammy," I told her, "we've already talked about some very grown-up things, haven't we?" She nodded. "This is a really big, grown-up thing that you have to know. Your mom is sick and much of the reason she's sick is because of her own choices. You recognize that and that's why you get angry. You see her being sick and making herself sick, and I know that must be really hard for you to take."

"Oh, yes, yes, that's it," she said. "It really makes me mad and it makes me worried."

"Anybody can feel that way about anybody else. The fact that you feel worried is because you care about your mom. You've tried talking to your mom and so have I. And before you both leave, I'm going to talk to your mom again and help her know what things she could do to make herself healthy. You and I both know that she might listen, but she might not. If you let yourself continue to worry about your mom, then you're making *yourself* sick. Now I'm sorry and so are you that your mom is choosing to be sick, but it doesn't help her feel better for you to make yourself sick. Do you understand?"

"Yes," she said with a voice so confident I was convinced she did. "Mama's making choices that make her sick, and I worry about her because of the things she does. But my worrying about her won't help make her better, and it's also making me sick. I guess, in a way, I'm kind of doing what Mama's doing, aren't I?"

"How do you mean?" I asked.

"Well, I've been doing some things to make myself sick, too, haven't I?"

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"Yes," I acknowledged, "and I think it's just because you didn't know. Now that you know, I'm expecting big things from you, Tammy. I'm expecting you to help yourself get well. And maybe, just maybe, your Mama might learn something from you. It usually doesn't work so much this way, but you are going to have to be the teacher to your mother, instead of the other way around."

"I understand," she nodded.

I saw Eleanor later that same day before they left. I reviewed with her all of the difficulties that I thought were contributing to her illnesses. I helped her know what dietary and life-style changes she could use to make herself feel better. The castor oil pack, I assured her, would be easy enough to do while she was watching her television and would greatly help her irritable bowel. Discontinuing smoking and making some dietary changes would almost surely cure her ulcer. I also mentioned how much her smoking was causing Tammy to worry. If not for herself, perhaps she would want to consider making some positive changes for her daughter.

She listened silently to everything I had to say, but there was no response. Finally, she began telling me all the reasons why she would not be able to do any of the things I had suggested. Her life was stressful, she was out of a job, she was too sick to work, and on and on and on. I wondered if all of my research on her behalf had been in vain. Nevertheless, I know that sometimes a seed has to be planted long before it finally sprouts. "Maybe someday when you decide you want to make some changes, you'll appreciate having these suggestions written down," I told her. And so I gave her a list of each of the items I had suggested with instructions. "Also, don't be surprised if Tammy does some things differently," I counseled. "She wants to make healthy changes in her life, and I'm certain she's going to do it. I hope you'll encourage and support what she wants to do. I believe that she can overcome her hyperactivity and start doing well in school. You know, some of her distress is really over worrying about you."

"Worrying about me?" Eleanor sounded incredulous.

"Of course. She loves you," I told her. "Don't you think that she worries about your health and welfare?"

"No," Eleanor said, "she's only eleven years old."

"What do you mean, she's only eleven years old? She's very mature for her age, partly because you have required so much responsible behavior from her and partly because she hasn't had the opportunity to be a normal eleven-year-old with friends and relationships. She feels that she has to take care of you and fuss over you so much that she doesn't have friends. Maybe, just let her be a child for awhile ... let her be eleven. You also have to understand that she's very mature and everything you do is influencing her greatly." Eleanor seemed thoughtful, but not necessarily convinced.

The family left and went back to their home state. Two months later I got a note from Tammy that said:

Dear Dr. Myatt,

I have been doing the things that you told me to do. I am doing much better in school. Last report card I got three A's. I have been eating a good diet, and Grandma cooks more often now. I have vegetables every single day. One time Mama asked me to go to the store and get cigarettes, and I just told her no, and then I asked her if I could have the money for my lunch. At first I thought she was going to get mad, but then she said yes. Now I have lunch money every day and always eat a salad at school.

Mama's trying to quit smoking. I think she really means it. She hasn't asked me to go to the store nearly as much. Maybe she will get better, too. Thank you for all the help. I love you.

Tammy

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It was less than a week after Tammy's letter arrived that I got a telephone call from Eleanor. "Well, Dr. Myatt, things have been really different here since we saw you."

"Oh," I sounded as if I hadn't heard. "Tell me about it."

"Tammy has gone from doing poorly in school to being one of the top students. Her teachers just can't believe how well she's doing and how much she's changed. She gets up every morning and cooks her own breakfast and helps cook dinner every night. And she told me that she was sorry I was sick, but that she wasn't going to make herself sick along with me. That really shook me up. I just couldn't believe she said that. And all of a sudden I realized I have an eleven-year-old daughter who's been able to make changes in her life. And here I am, almost forty, and now I'm learning from her. I changed my diet, too. Not as much as I could and not as much as you told me about, but quite a bit better. I don't sit and drink colas all day, and I don't eat much in the way of sweets. I've also cut my smoking just about in half. And you know what? I don't have an ulcer anymore," she sounded triumphant. "My bowels have been much better, too. Tammy said she'd help me do a castor oil pack, so I've been doing them for a few weeks. They really do seem to help. Now I realize that I have to do something to get out of the house. I think I'm going to go back to work. I feel much better, and mostly I think it's because of Tammy's help. I think Tammy's better because of what she learned from you. Whatever you said to her, it really worked. I don't know how we can thank you enough."

"You don't have to thank me. You're getting better and Tammy's getting better is thanks enough. You've got a remarkable little girl there," I reminded her. "She's done an amazing thing for herself, for you, and for all of us."

"Yes, you're right," she said. "I just didn't see it before. And I didn't realize how much my illness was contributing to *her* illness. Thank you again. We'll be in touch."

Six months later I received a full report, including a photocopy of Tammy's report card. Seven A's, one B – the top student in her sixth-grade class. The school counselor was writing to me to find out what my treatment protocol was. I explained to her that it was really what Tammy had done and how she'd gone about it.

Tammy drops me post cards to let me know how well she's doing. Her handwriting and her vocabulary are quite advanced. And Eleanor... she's gone back to work full time. She has, to use the current vernacular, "gotten a life." So has her daughter.

The Bible says, "and a little child shall lead them." (Isaiah 11:6) Tammy showed all of us what that meant.

Nutritional Therapies for Attention Deficit Hyperactivity Disorder

by Leo Galland, M.D.

<http://mdheal.org/attention.htm>

Attention deficit hyperactivity disorder has reached epidemic proportions among U.S. school children. The primary medical treatment for ADHD is the stimulant drug, Ritalin, the use of which has increased by 700 percent over the past five years. Although Ritalin can control some symptoms of ADHD, its long-term risks or benefits are not known and the drug does not get to the root of the problem. A body of scientific research supports the importance of nutritional factors in ADHD and permits alternatives to Ritalin in the treatment of this disorder. I have personally treated hundreds of children with ADHD over the past twenty years. Almost all have improved without the need for Ritalin. To help them and their parents I have used a series of questions that searches for the causes of ADHD in each individual child.

The first question is: how effective are the parents at parenting? All children, especially those with behavioral problems, needed affection, consistency and the clear setting of limits. A corollary question is: how appropriate is the educational setting for this child? Some children need to work consistently with their hands and need to keep physically active. These children will become restless and inattentive when deprived of physical work. Their problem is not a medical disorder but inappropriate schooling or ineffective parenting. Fortunately, most of the parents whose children I see in my medical practice understand these principles well. They are consulting me for nutritional advice; I ask the following questions to get the nutritional answers I need and I recommend that pharmacists being asked by parents about alternatives to Ritalin use these questions as a guide.

(1) How nutritious is the child's diet? Over half of children with ADHD crave sweets, often at the expense of nutritious food. About 70 percent of children who crave sweets have much more control over their behavior when their food is low in added sugar. My first line of advice to parents is, keep your children away from sugary cereals, pancakes or waffle's with syrup, soft drinks, candy, cakes, cookies, doughnuts, ice cream, frozen yogurt, and chocolate. Every ounce of sure reduction helps. Sugar alone does not cause hyper activity. It reduces the nutritional quality of the diet and may aggravate other food intolerances (see below).

(2) Are there any foods or food additives to which the child is sensitive or intolerant? During the 1960s, Dr. Benjamin Feingold, a California pediatrician, observed that many hyperactive children became excited after eating foods containing high concentrations of salicylates. These phenolic compounds occur naturally in many fruits and vegetables and are especially concentrated in raisins, nuts, apples and oranges. They are also used as preservatives (BHT and BHA, for example) or as the basis for artificial colors or flavors. Feingold developed a low salicylate diet that has helped many children overcome ADHD. Thirteen years ago the National Institute of Mental Health convened a consensus panel which concluded that 8 to 10 percent of children with ADHD are sensitive to salicylates and benefit from the Feingold diet. Shortly afterwards a study was done at the Hospital for Sick Children in London and published in the leading British journal, *Lancet*, which demonstrated that most children with severe ADHD are salicylate sensitive, but that 90 percent of these children have additional food intolerances. The conclusion is that the Feingold diet will not significantly benefit the majority of children with ADHD because they have more than one type of food sensitivity. The British researchers performed exhaustive dietary trials, closely supervised by hospital dietitians. After determining that 80 percent of the children had apparent food sensitivities as a cause of hyper activity, they then performed double

blind, placebo controlled challenges with the offending foods. Using this most rigorous clinical research method, the investigators confirmed the presence of food intolerance in the majority of children with ADHD. Subsequent research by the leading investigator of this study suggested that these food intolerances represent true food allergy. The foods to which children with ADHD most commonly had allergic reactions were cow's milk (which included milk, cheese, yogurt and ice cream), corn (an additive in many prepared foods), wheat, soy, and eggs. Altogether, 48 different foods were incriminated as triggers for hyper activity. In my clinical practice I have found that food allergy is especially likely to be implicated in ADHD if the answer to any other following questions is positive:

(A) Does the child have eczema, asthma, hay fever, hives or a chronic runny nose?

(B) Does either a parent or a sibling have severe allergies or migraine headaches?

(C) Does the child have a "geographical tongue"? (Irregular flattened patches that looked like countries on a map.)

(D) Do the child's ears turn red for no apparent reason?

(E) Does the child seem to crave single foods (other than sweets)?

If the answer to any of these questions is positive, I recommend a trial period of two weeks in which the child totally avoids all foods containing artificial colors, artificial flavors and preservatives and the high frequency allergy foods mentioned above. The best foods to use during this trial are meat, poultry, fish, rice and rice milk, oats and oatmeal, fresh vegetables and fresh fruits. If this diet works, there will be not only an improvement in concentration and behavior, but other symptoms will improve, symptoms such as itching of the skin, sneezing, wheezing and the sudden red ear attacks. The two-week trial is followed by a period in which the foods removed are added back, one food each day. If the child experiences hyper activity, itching of the skin, wheezing, a runny nose or red ears when a particular food is re-introduced to the diet, he or she is likely to be allergic to the food. If allergies are found, the pharmacist should be prepared to offer further nutritional guidance so that the child can follow a balanced diet while avoiding the triggering foods.

(3) Does the child need nutritional supplements? Hyperactive children often benefit greatly from the right supplements. To develop priorities for supplementation some further questions need to be answered:

(A) Does the child have dry skin, follicular keratoses (tiny rough bumps, usually found on the back of the arms and popularly known as chicken skin), brittle nail us, dry and unruly hair or excessive thirst? If so, she or he probably needs a dietary supplement of essential fatty acids. A study done in the Department of Foods and Nutrition at Purdue University found that boys with ADHD had significantly lower concentrations of certain long chain essential fatty acids in plasma phospholipids than a control population. The lowest levels were found in those boys with the symptoms listed above. The deficiency of long chain fatty acids probably represents a metabolic disturbance. It may be compensated for by supplementation with flax seed oil, fish oils, or evening primrose oil. There is no single supplement that will meet the needs of all children. I initiate treatment with organic flax seed oil, five grams per day. My reasons for choosing flax oil are that most Americans are deprived of alpha linolenic acid (the leading omega-3 essential fatty acid in the diet) because of food processing and food choices. Supplying a nutritional dose of alpha linolenic acid allows the child to overcome this deficiency in the safest fashion. If there is no improvement in behavior, concentration, or dryness, I replace flax oil with concentrated fish oil, supplying 300 to 400 milligrams of docosahexaenoic acid (DHA) per day. DHA is the omega-3 essential fatty acid with the highest concentration in brain. If hyper activity or dryness intensifies

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with omega-3 supplementation, it indicates the need for omega-6 supplements. The leading omega-6 essential fatty acid in the diet is linoleic acid. Although deficiency of linoleic acid is extremely rare, the Purdue group found low levels of its major metabolites in the blood of children with ADHD. For those children who do not respond well to omega-3 essential fatty acid supplements, the most effective way to increase the levels of linoleic acid metabolites (omega-6 EFAs) is to supplement with evening primrose oil or borage oil, which supply the biologically active linoleic acid derivative gamma linolenic acid (GLA). The dose of GLA needed is 135 to 270 milligrams per day, with older larger children needing the higher doses. Proper EFA supplementation will improve not only behavior but also dryness of the skin and hair and brittle nails.

(B) Does the child of stomach aches, headaches or muscle pains, or is sleep difficult and restless? These symptoms often indicate a deficiency of magnesium or calcium. Hyperactive children become magnesium deficient for two reasons. First, like most American children, they consume less than the RDA of magnesium. Second, the high adrenaline levels associated with hyperactivity cause them to excrete excessive amounts of magnesium in the urine causing magnesium deficiency by depletion. Observational studies in Germany and in France reveal a high frequency of symptomatic magnesium deficiency in hyperactive children, especially those with headaches or abdominal pain. In my clinical practice I have found magnesium supplementation to be especially useful for sleep disturbances in children with ADHD, although the effects on hyperactive behavior are minimal. The dose needed is 100 milligrams per day for younger children and 200 milligrams for older children, taken at bedtime. If the child's diet is low in calcium, it may be necessary to add a calcium supplement, also taken at bedtime, 400 milligrams for younger children and 800 milligrams for older children. There is no evidence that calcium and magnesium interfere with each other's absorption or that a fixed ratio of calcium or magnesium must be administered to a child or on adult. A possible side effect of magnesium supplementation is diarrhea, whereas a possible side effect of calcium supplementation is constipation.

(C) Has the child taken antibiotics more than once a year? Does he or she become more hyperactive after antibiotics? If so, an over growth of yeast in the intestines may be contributing to hyper activity. Yeast is a potent allergen and also ferments sugar, producing chemicals which can be toxic to the nervous system. Yeast over growth can be countered by avoiding sweets and supplementing the diet with probiotics like Lactobacillus or Bifidobacteria. The dose needed is one billion to five billion organisms per day. Anti-fungal medications may also be useful if yeast over growth is suspected.

Other nutritional supplements that may help children with ADHD include B-complex vitamins, zinc, dimethylaminoethanol (DMAE) and phosphatidyl serine. These are most useful for children who have learning difficulties in addition to hyperactivity. The dose of zinc needed is 10 milligrams per day for younger children, 20 milligrams per day for teens; for DMAE the necessary dose is 600 to 1200 milligrams per day and for phosphatidyl serine it is 200 to 300 milligrams per day. The benefits of these supplements may not be obvious for several weeks. The effect of B-complex vitamins can be paradoxical. Some children with ADHD become more hyperactive when taking B-vitamins. If this occurs each of the B-vitamins should be administered individually, starting with vitamin B6 (pyridoxine, 10 milligrams per day), then vitamin B1 (thiamine, 20 milligrams per day), then folic acid, 400 micrograms per day.

Over the past twenty years, I have consistently found that the questions listed above permit me to administer nutritional therapies to children with ADHD in a systematic, personalized and highly effective fashion.

Good website for more information: <http://mdheal.org/leakygut.htm>

Autism

Dr. John O.A. Pagano

[from his book *One Cause, Many Ailments*]

Ten years ago, few people had ever heard the word *autism*, but today it is recognized as a growing problem all across America and elsewhere. Three to six children of every thousand have autism and boys are four times more likely to have it than girls, according to the U.S. National Institute of Neurological Disorders and Stroke.

Autism is a condition affecting children primarily from the toddler age into their twenties. Symptoms include a refusal or inability to speak; inability to control one's body, wherein the individual may throw up the hands suddenly or stare into space or at some inconsequential object; failure to appropriately engage with others socially; lack of interest in self-care and hygiene; or a tendency to violence, as in the case of a young girl who in one day broke every window in her house and punched holes in the walls.

On the Web site www.candidafree.net, Mark and Alyson Cobb include a quote from a Dr. Glen Gibson, of the University of Reading, Berkshire, England, who notes regarding autism that "Other symptoms may be hyperactivity, loss of eye contact, decreased vocalization (i.e., loss of language), poor academic and other similar social deficits. Other similar disorders exist. These include Asperger Syndrome (AS), Attention Deficit Hyperactivity Disorder (ADHD), Persuasive Developmental Disorder (PDD), and many others, where symptoms are similar to autism but specific differences are demonstrated."

In September and October of 2006, the *Record* newspaper of Bergen County, New Jersey, carried a six-part special report titled "In Autism's Grip." According to the *Record* report: "The number of children in New Jersey afflicted with autism has multiplied more than 30 times in the last 14 years: from 234 in 1991 to 7,400 in 2005, according to the Department of Education. The rising numbers may be evidence of an epidemic. Autism touches everyone. It creates headaches for parents and commands millions in tax dollars. But still there is no cure."

Researchers at the Center for Advanced Biotechnology and Medicine, a joint institute of Rutgers University and the University of Medicine and Dentistry of New Jersey (UMDNJ) are studying a possible genetic defect in the condition and the brain chemistry involved. Many other research centers throughout the country have launched similar studies hoping to find the root cause of the condition.

In the second of the *Record* series on autism, Dr. Julia Bramwell, a pediatrician who runs the Parsippany office of the New Jersey Hyperebaric Oxygen Therapy Office, is quoted as saying "One of the many theories is that autism is an autoimmune problem that causes inflammation of the nervous system or the gut, so this (oxygen therapy) is one way to decrease the inflammation." (Washburn, 2006) What strikes me as profound is that they referred to inflammation of the gut as having a possible link to the condition.

In an Internet article by Max Bingham, 'Autism and the Human Gut Flora,' he references Dr. Glen Gibson, who believes that there is a possible link between autism and the human gut flora. Dr. Gibson also explains that research in this area is sparse because of the unwillingness of the orthodox medical establishment to adopt treatments suggested by previous research into autism.

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It appears, according to Dr. Gibson, that yeast (candida in particular), as well as clostridia, may play an important role in the development of autism. He suggests that the control of the growth of these species may reduce the severity of autism but is unlikely to offer a cure. The fact is, however, that this approach, dietary control, has never been truly researched since the orthodox medical establishment views this approach as "irrelevant." (It never fails to amaze me how such a conclusion can be reached when serious scientific research regarding a dietary approach to this disease has never been undertaken.)

So, the limited research has its drawbacks. Nevertheless, until true scientifically constructed testing is done, this is all we have to go on. Personally, I think it is relevant and should be looked upon with an open mind.

The following is taken directly from the article by Max Bingham, quoting Dr. Gibson's findings:

1. Following treatment with antifungal drugs and gluten and casein free diet, a child rated as having severe autism improved to such an extent that the child was classed as a higher functioning individual with autism.

2. It has been shown that children with autistic symptoms, after being tested for urinary metabolites, had extremely high values of *tartaric acid*. The only source of tartaric acid is *yeast*.

3. Many reports have suggested that autistic symptoms often occur after the child has been treated for otitis media (ear infections). It is common to treat otitis media with broad spectrum antibiotics. Intestinal overgrowth of yeast and certain anaerobic bacteria are a well documented outcome of the administration of broad spectrum antibiotics. (Kennedy and Volz, 1983; Danna et al, 1991; Ostfield et al, 1977; Kinsman et al, 1989; Van der Waaij, 1987; Samsonic et al, 1993, 1994b.) It is not clear however, why other children take large amounts of antibiotics for one reason or another but do not develop autism.

4. It is estimated that a large percentage of autistic children have a significant immune dysfunction.

5. It is not uncommon to find that children with autism experience improved symptoms following removal of gluten and casein from the diet.

6. *Clostridium tetani* is a ubiquitous anaerobic bacillus that is known to produce a potent neurotoxin. Once in the brain, the tetanus neurotoxin disrupts the release of neurotransmitters. This may explain the wide variety of behavioral deficits apparent in autism.

7. It has been shown that incompletely broken down portions of gluten and casein may be crossing the gut into the blood and having an opioid effect in autistic children. (Bingham, n.d.)

So, the bottom line in Dr. Gibson's account is that: While it will not cure this disorder (autism) modifications of gut flora function might improve symptoms significantly.

Johnson & Johnson won U.S. approval to market Risperdal (its best selling drug for schizophrenia) for autism symptoms in children ages five to sixteen. It can be prescribed for children who demonstrate signs of aggression, temper tantrums, deliberate self-injury, and rapid mood swings, according to the Food and Drug Administration (FDA) on October 6, 2006.

The most common side effects of Risperdal include drowsiness, constipation, fatigue, and weight gain, said the FDA. Risperdal relieved aggression by more than 50 percent in a study published in the August 1, 2002, edition of the *New England*

Journal of Medicine. The drug, however, helped children who harm themselves, as well as those with symptoms such as temper tantrums, agitation, unstable moods, and aggression. The drug didn't treat the autism itself, only the symptoms. (Rapaport and Cortez, 2006)

What Would I do if I were faced with the problem of autism? I would certainly treat it as an offshoot of the Leaky Gut. I would take my patient off all refined sugar or sugar in any form. I would incorporate the gluten-free diet and keep them off oats, wheat, rye, and barley. No junk food would be allowed, as well as anything that would feed yeast. I would at the least recommend an intake of plenty of water and place the patient on a low acid/high alkaline diet. Then I would wait and observe carefully, looking for small signs of improvement. They might be tiny signs at first – but it is moving in the right direction, not the speed of improvement, that would be significant. As always, time and patience would be the keys, in addition to the dietary changes!

There May Be Another Way

William Crook, M.D., has a section in his book *The Yeast Connection Handbook* that zeroes in on autism and adds light to the subject of LGS. He covers many aspects of the disorder from a different perspective and offers eight recommendations in dealing with autism. Of particular interest to me was the eighth: "After the course of antibiotics has been completed, I recommend continuing the Nystatin and probiotics, two or three times daily for several weeks. Here's why: Nystatin discourages the growth of yeast in the intestinal tract and the probiotics replace friendly bacteria. These products help heal the 'leaky gut', lessen the absorption of milk, wheat, and other allergens and decrease the chances of your child developing repeated ear problems." (Crook, 2000, pp. 8990)

For years the researchers have tried to discover a drug for autism at the cost of millions upon millions of dollars and have concluded: "No drugs are approved in the U.S. for calming children with autism, and their behavior can make it difficult for them to benefit from education and therapeutic programs . . ." (Washburn 2006, p. A14)

Has it ever occurred to the researchers to try a change in diet? Or would that just be too simple?

A Story Worth Telling

To my readers who may still not be convinced that poor diet or overuse of antibiotics play a significant role in cases of autism and/or ADHD (Attention Deficit Hyperactivity disorder), I offer the following email I received on November 13, 2007.

Dr. Pagano,

I wanted to share my story about my son S.D. At the age of four he was diagnosed with ADHD and some autistic spectrum symptoms. His symptoms included irritability, hyperactivity, anger, poor social skills, hand flapping, inability to follow directions, inappropriate behaviors and severe mood swings. He was in four different preschools, as each stated that they did not have the staff to handle such a boy.

I went to my pediatrician and was given a prescription. I decided at that time there had to be another way. I read and searched the Internet and spoke with many, many alternative doctors. There was one common theme that I found to be helping: diet. I threw out all the treatments my son was given, all the

medicines, mega-doses of vitamins and injections and concentrated on diet.

What S.D. needed was a diet that corrected his years of antibiotic use and poor diet. He began eating fruits, vegetables, good protein and yogurt. It was a very basic, but healthy, plan. Slowly, I saw a change. He was not able to color in the lines at the age of five – and now at age eight he dreams of being an artist and creates impressive drawings and has the neatest writing of anyone in his class. He went from having no confidence and no friends, to a very confident boy with a healthy social life. His teachers used to call me almost every day with some problem, and today there are no calls and excellent reports.

Today, since his "gut" is repaired he is able to eat almost anything. However, if he does overdo it on a certain food, we begin to see some symptoms again. We do not fear that though because we know he can get right back on track and the symptoms simply disappear.

There are a few doctors who understand this natural approach to repair the gut and I am glad Dr. Pagano that you are one of them! Edgar Cayce told us the answer many years ago, we just need to listen

L.D. (Permission granted for reproduction.)

Initials used only in keeping with the patient's right to privacy.

I had the pleasure of meeting young S.D. personally on November 9, 2007. Rarely have I met an eight-year-old with such keen perception and intelligence. I asked him what he thought played a part in his previous difficulty. His answer was sharp and direct: "When I ate chocolate bars and Tootsie Rolls, I went cuckoo!"

Test for the Leaky Gut – Measuring Permeability

“Diagnostic and Therapeutic Protocols, Chapter 11”

One Cause, Many Ailments

Dr. John O.A. Pagano

Earlier we touched upon the Intestinal Permeability Test which measures the ability of two nonmetabolized sugar molecules – mannitol and lactulose – to permeate the intestinal mucosa. Mannitol (small molecule) is readily absorbed and serves as a marker of transcellular uptake. Lactulose (large molecule) is only slightly absorbed and serves as a marker for mucosal integrity.

The test is a simple one. The patient mixes pre-measured amounts of lactulose and mannitol with pure water and drinks the mixture (called the challenge substance). The test measures the amount of lactulose and mannitol recovered in a six-hour urine sample, which is collected by the patient at home.

The test kit is supplied by Genova Diagnostics Laboratory through your health care provider. A complete list of instructions on how to carry out the test is contained in the kit along with all necessary supplies. Once your doctor explains it, you carry out the test as directed at home, then use the special mailing envelope provided to send two small vials of your urine samples along with a nominal fee to Genova Diagnostics. The results, which indicate whether or not you have intestinal permeability (LGS) will be mailed to your physician.

If there is a question as to the status of the gut wall, even after this test, Dr. Leo

Galland recommends having the test repeated for double verification. If the test proves positive and you go on to a healing protocol (which will follow in a later chapter of this book), Dr. Galland suggests you repeat the test in about two weeks to measure the possible degree of healing. I believe, and this opinion is shared by many other physicians, that this test is a godsend to patient and physician alike if LGS is suspected.

(Ordering information for your physician: Genova Diagnostics, 63 Zillicoa Street, Asheville, NC 28801-1074, USA. Telephone: 828-253-0621 or 800-522-4762.)

A Good Question:

What if one has psoriasis (or one of the many diseases listed as possibly being related to a leaky gut) but tests fail to reveal a leaky gut? How is one to think about that?

The fact is this might be the case. Let's remember that intestinal permeability (or leaky gut) is a reasonable *theory* or hypothesis. It is a concept fostered in the Edgar Cayce readings and theorized by medical experts as well. If satisfactory results are obtained by following the health measures described here, we can assume we are on the right track, even if (in a few cases) LGS is not confirmed by clinical tests. In other words, "If it works, it works!" No doubt internal pollution of the body may have other origins. The thing to do is concentrate on purification of the body, a measure that is almost intuitive and cannot be refuted by any thinking person – scientist or layman!

Several possibilities come to mind. If the initial test for LGS was conducted several weeks or months after the patient started the regimen, the leaky gut may have already healed over, yet the symptoms may take longer to disappear. Or it may be that the test should be repeated some weeks later to verify the status as Dr. Galland suggested earlier. It may be liver congestion or colon impaction that caused toxic build-up throughout the system without necessarily producing a leaky gut.

Whatever the case, if the problem shows signs of improvement, keep going in that direction. It has often been recognized and said that medicine (or healing) is not an exact science. A healing may take place without being explained by science as we know it. This has often been the case throughout history. If satisfactory results are obtained, let's just enjoy it and be grateful. Someday the scientists may get around to proving LGS one way or the other. In the meantime, let's just try to get well. The researchers will eventually catch up – maybe!

Castor Oil Packs – A topical application for LGS

To this point I have not mentioned any external (topical) applications that might be possible aids in the regeneration of the leaky gut. Is there such an application that may help this process? I believe there is – the Castor Oil Pack described by Edgar Cayce. Cayce suggested castor oil packs as a valuable health measure very, very often in his over 8,000 discourses on health matters. Castor oil held an honored place with Edgar Cayce, who called for its use in such conditions as arthritis, back pain, muscular and joint pain, contractions, spasms, gall bladder attacks and kidney stones.

I can attest to the efficacy of the last application, for kidney stones, from my own very personal, painful experience! When the kidney stone attack took place, I thought it was the worst pain anyone can endure. Being quite aware of the use of castor oil packs for kidney stones, I was eager to try this remedy for myself, but

instead I was whisked off to the hospital by the police before I could even give the remedy a try. Once the diagnosis was confirmed I was placed on a strong pain-killer and hospitalized for seven days. The attacks came spasmodically. Each seemed more severe than the one before. At a period of relief (when the stone moved from one stricture to the other in the ureter) I talked my doctor into releasing me from the hospital with the understanding that I would return if the pains returned.

I had no sooner walked through the front door of my home when the stabbing pain returned in all its ugliness – but this time I had control. My mother had come to stay with me during my convalescence, so I asked her to make me two hot castor oil packs, one to be placed under my back, and the other on the front of my abdomen, both on my right side. Where the Demerol had taken 1-2 hours to numb the pain and then left me in a stupor, the hot castor oil packs gave me almost total relief in less than five minutes! This was repeated every day for a week and (with the additional help of a six-pack of beer my father slipped under my bed) I passed the stone. Ah, good old dad!! Of course, all evidence of having a kidney stone passed. Through the years I have recommended this remedy to at least three people who experienced the same results.

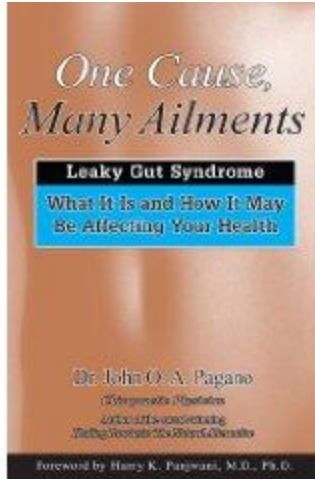
Most important to realize here is that castor oil, when applied in this manner, is absorbed by the pores and penetrates the skin, especially if left on for at least one hour, preferably two. It can make its way into the structures of the intestinal tract thereby nourishing the intestinal villi which will help dislodge toxic elements, such as yeast overgrowth, from the intestinal wall. That, combined with olive oil and chopped garlic taken internally, should bring about a decided benefit.

How does this possibly fit in with LGS? By virtue of the fact that the healing forces described by Edgar Cayce do in fact penetrate the skin, and where called for, can benefit the patient. This action of penetration of castor oil is extremely helpful when one understands the anatomical structure we spoke of as *Peyer's Patches*.

If you remember: "Peyer's Patches are best marked in the young, become indistinct in middle age, and sometimes disappear altogether in advanced life. Cayce readings suggested that these patches tend to become fewer in number as the body grows weaker, and that the regular use of castor oil packs over the abdomen tends to rejuvenate these glands and thus serve as a major factor in the rejuvenation of the entire body." (Reilly and Brod, 1975, p. 334)

Dr. McGarey, in referring to the importance of Peyer's Patches states, "Castor oil packs, one might postulate, could well have an influence on the length of one's life." If they are located in the lining of the small intestine as is illustrated in Gray's Anatomy, I believe it is safe to assume they are in close, if not direct, contact with the billions of microscopic villi that line the small intestine. With irritation of these walls, the Peyer's Patches are sure to be involved to one degree or another resulting in a deleterious effect to their function.

If hot castor oil packs over the abdomen help regenerate the Peyer's Patches, as Cayce suggests, it most assuredly must beneficially affect the intestinal villi as well, since they are housed within them. Admittedly this is theory, but knowing and experiencing the benefits of castor oil firsthand, I would say such a theory is based on a sound footing.



The Long Arm of LGS

Dr. John O.A. Pagano

Chapter 6

What struck me more than anything else when I began my research on the leaky gut phenomenon was how far-reaching it seems to be! There is no question in my mind that it is the *underlying* cause of many, many diseases, especially the degenerative diseases. I found scientific references that linked the leaky gut to disorders one would not necessarily suspect of being related, such as obsessive-compulsive disorders (OCD), schizophrenia, mental depression, and other psychochemical reactions. Other maladies of a different nature include: rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, fibromyalgia, and similar musculo-skeletal disorders. In other words, because the condition centers on the gastrointestinal area and digestion, as stated earlier, the effects of a damaged intestinal wall reach out to other structures and systems far more widely than meets the eye. These are referred to as *target organs*.

If a damaged intestinal wall, therefore, ultimately ends up by polluting the blood circulatory system, then the pollution is carried to wherever the blood goes. And where does the blood go? Everywhere, to every cell that constitutes the human body!

It Was in the Readings!

This concept of a leaky gut as being the origin of many, seemingly unrelated, diseases of the body was, in fact, addressed in the Edgar Cayce discourses themselves. In speaking of psoriasis and what toxic blood can do if it is not thrown off through the skin, consider 943-17:

Would this not be thrown off in the epidermis [skin], or the lymph and capillary circulation, with this particular condition of this body, the intestinal tract would be full of pinholes; or, were it to go to the lungs, there would be tuberculosis; were it to go to the valves of the heart, there would be heart trouble – as would be called; were it to go to the liver, it would be cirrhosis of the liver; were it to go to the spleen, it would be a hardening of one end of it; were it to go to the brain, it would be [a] softening of the brain; were it to go to the glands of the throat or thyroids, it would be that of goiter; or were it to settle in some other portion – were it to settle – it would become a tumor of some character or nature.

Could it be any clearer? A reader may have his own beliefs as to the efficacy of The Edgar Cayce readings compared to scientific discoveries, but I believe one thing is certain: when the two agree with each other, it should be a clear sign to stand up and take notice.

The Far-Reaching Effects of LGS

If conditions such as psoriasis, psoriatic arthritis, and eczema, are due to a leaky gut, and the cause of the problem lies in the daily diet, why couldn't the cause of the following diseases also be due to a faulty diet primarily, as well as to poor eliminations over a long period of time?

According to Dr. Galland, there are many diseases associated with the Leaky Gut Syndrome. The following list is taken from his online article "Leaky Gut Syndromes: Breaking the Vicious Cycle."

Diseases Associated with Increased Intestinal Permeability

Inflammatory bowel disease	CFIDS
Infectious enterocolitis	Chronic arthritis/pain treated with
Spondyloarthropathies	NSAIDS
Acne	Alcoholism
Eczema	Neoplasia treated with cytotoxic
Psoriasis	drugs
Urticaria	Celiac disease
Cystic fibrosis	Dermatitis herpetiformis
Pancreatic insufficiency	Autism
AIDS, HIV infection	Childhood hyperactivity
Hepatic dysfunction	Environmental illness
Irritable bowel syndrome with	Multiple food and chemical
food intolerance	sensitivities

(Source: www.mdheal.org/leakygut.htm)

Hyperactivity

by Mark Bricklin

The Practical Encyclopedia of Natural Healing

A child who is forever getting into things and straining at the bit to dash across the room or run outside is not necessarily hyperactive. The child who is truly hyperactive in a pathological sense has an attention span obviously shorter than other children and his behavior is more bizarre than simply energetic. In school, he is likely to disrupt the entire class by repeatedly jumping out of his seat, throwing things around the room, and generally acting as if he were "possessed."

That still leaves a considerable gray area between a child who is ill behaved and a child who is actually *ill*. Thousands of children who drive their teachers to distraction are given a drug to help control their behavior, but how many of them really need medication is the subject of considerable debate.

The most promising natural approach to true hyperactivity was developed in the late 1960s by Ben F. Feingold, M.D., who at the time was chief of the allergy department at the Kaiser-Permanente Medical Center in San Francisco. Dr. Feingold had already been achieving good success with children whose allergies did not seem to be caused by the usual allergens by putting them on a diet which excluded all artificially flavored and colored foods. Soon, he began to notice that a surprisingly large number of these

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children (and some adults as well) were observed to suddenly "outgrow" behavior problems of a hyperactive nature along with their skin allergies.

Years of further testing and research resulted in the publication of a book, *Why Your Child Is Hyperactive* (Random House, New York, 1975) in which Dr. Feingold presents a dietary plan to help control hyperactivity.

It is not a simple diet. It excludes many processed foods and virtually all "junk foods" because they contain synthetic coloring and flavoring agents. It also excludes aspirin preparations, a number of over-the-counter remedies, including artificially flavored vitamin pills. In addition, it eliminates a rather large number of fruits because they contain substances which are similar to aspirin, which is one of the prime offenders. Excluded are almonds, apples, apricots, berries, cherries, grapes and raisins, nectarines, oranges, peaches, plums, and prunes. Tomatoes and all tomato products, as well as cucumbers and pickles, are also prohibited.

Adherence to this diet must be strict if results are to be achieved; a single piece of additive-laden cake, for instance, eaten at a birthday party, can trigger symptoms which may last for three days! If you wish to try this diet, please read Dr. Feingold's book, where the diet is given in its complete form along with other vital information. We cannot say at this point that Dr. Feingold's diet has been proven to work on most children. However, in 1975, a double-blind study carried out by C. Keith Conners, Ph.D., indicated that the diet was of definite value. Dr. Conners divided 15 hyperactive children into two groups for a period of 12 weeks. One group received a normal or control diet containing the usual processed and additive-laden foods. The other group received the special elimination diet described by Dr. Feingold.

Because the study was double-blind, neither the investigators nor the children (nor their parents and teachers) knew which diet was being followed. At the end of the study, observations by all concerned revealed that there was a significant reduction in hyperactive symptoms only in those children who were eating the Feingold diet.

Dr. Feingold's ideas about hyperactivity and diet have been sharply attacked by a number of government figures and nutritionists. This is hardly surprising, since for years they have maintained that there is nothing, absolutely nothing, deleterious about "approved" food additives. They have demanded further extensive tests of Dr. Feingold's diet, but it is worth keeping in mind that the driving force behind these "scientific" tests now being carried out is the Nutrition Foundation, a group established and funded by the Coca-Cola company, the Life Saver company, and most of the other giant manufacturers of either processed foods or food additives. Need we say more?

Brain Dysfunction in Children

by Ruth Heyman

Brain dysfunction is a tricky, admittedly controversial diagnosis. But whatever it is, Ron had it. Immature and sad eyed, he was the scorned classroom dummy in the fourth grade of his suburban school. He couldn't sit still in his seat – he would wiggle like a Mexican jumping bean until he ended up sprawling on the floor. He was disruptive, destructive, impulsive. He had a memory like a sieve and his attention span was about as long as a TV commercial.

But what parents of children like Ron are more concerned about than the semantics of a differential diagnosis is: What's to become of such children? How far can a child like Ron go?

Well, Ron is now in sixth grade and is miraculously up to grade level. He is also on the class football team and an enthusiastic Boy Scout.

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But why the dramatic improvement in his learning ability? And what's the secret of his social acceptance after years of being an outcast? The answer to both questions is a program that improves the functioning of the brain – diet therapy and vitamins coupled with sensori-motor exercises.

Until he was 10 years old, Ron had all the symptoms of minimal brain dysfunction. Hyperactive, incoordinated, and plagued by perceptual problems, he couldn't concentrate and he couldn't learn. Out of frustration, his behavior became erratic.

Ron's parents stopped at nothing in their attempt to quicken his apparent slow mind and quiet down his supercharged body. Let Ron's mother tell the story: "We knew in our hearts that he wasn't stupid, that there was something else wrong. We helped him every night with his homework. His father thought he was lazy and stubborn but punishments and bribes were to no avail. The family pediatrician put him on Ritalin for his hyperactivity, but it was not effective and since we didn't want him on drugs anyway, we stopped it after eight months. Even the neurologist we took him to could find nothing wrong.

"Just about when we were accepting the fact that Ron was slow, we heard about the New York Institute for Child Development. The day we took him there was the turning point of our lives. After a battery of functional, neurological, biochemical, and educational tests, they discovered that Ron was hypoglycemic and had a perceptual disorder. They prescribed a high-protein, low-carbohydrate diet and megavitamins. They gave him eye exercises. The family pediatrician scoffed but within six months, Ron's report card improved. He's calm now and he can concentrate. In one year, he jumped two grade levels in reading, arithmetic, and spelling. What more can we ask for?"

Twelve-year-old Ron is happy, too. Offer him a piece of chocolate and he turns it down. "I'm sticking to the diet and the vitamins. The teachers and the kids don't pick on me anymore. I'm doing fine, getting better and better."

The Chemistry of Achievement and Underachievement

While the New York Institute for Child Development treats the severely brain injured as well as those with minimal brain dysfunction, their primary thrust is with the underachiever and their results are impressive.

Alan C. Levin, M.D., medical director of the Institute and a member of the American Academy of Pediatrics, glowed as he discussed the program in his pleasant office at the Institute at 36 East Thirty-sixth Street.

"More than three quarters of all the children seen here have a basic biochemical problem or a physical problem, such as poor visual, motor, or auditory function. When a child comes here, he is put through a series of biochemical and neurological tests, including tests for low blood sugar, allergies, thyroid malfunction, hormone deficiencies, and trace minerals. Visual, auditory, and tactile perceptions are evaluated. The Institute treats the child, guides the parents, and keeps in touch with the school. About 80 percent of all the children show marked improvement, often within weeks. Many will reach their normal class level, depending on their I.Q.'s, of course."

The program is triple-pronged: a diet regimen plus sensori-motor therapy and treatment aimed at whatever other physical disorders are indicated. Dr. Donald L. Gutstein, the Institute's nutritionist, explained how they evaluate a child's dietary needs. "The diet regimen is determined by assessing the biochemical tests, monitoring for food allergies, and reviewing the child's dietary habits. Specific allergies are uncovered by charting the child's behavior and food intake throughout the day. Also, we ask the family to record for one week everything the child eats and from this we estimate the protein and carbohydrate content and the food additives."

Allergies and Hypoglycemia Are Common

The results of the biochemical tests indicate that most hyperactive children suffer from hypoglycemia, have enzyme and mineral imbalances, and are allergic. The diet prescribed eliminates refined sugar, refined flour, and food additives. All preservatives and artificial sweeteners are excluded. The child is instructed to eat high-protein, low-carbohydrate meals and protein snacks. Fresh, raw juices and vegetables are encouraged.

In addition to the diet, specific vitamins and minerals are usually prescribed, initially consisting of niacin, vitamins B6, C, and E, pantothenic acid, and calcium, the dosage being determined by the levels found on the tests and by the child's age and size. When allergies are noted, complete avoidance of the food or foods is mandatory.

Just as important to rehabilitation, says director Judith Dowd, is sensori-motor therapy, since all these children have difficulty coordinating at one or more developmental levels. They may have problems hopping, skipping eye tracking, handwriting, or ball catching. Therapy includes balance training, gross motor organization (lateral and cross-lateral movements on command), fine motor organization (eye and finger exercises), and eye-hand organization (overhead ladder and eye-hand tracking). All exercise programs are designed individually according to the needs of the child. They are administered at the Institute but home programs are prepared for youngsters who cannot attend sessions in New York.

What causes minimal brain dysfunction? It is believed that there may be a biological or chemical change in the brain tissue that results in poor function. The brain, a most complicated organ consisting of millions of cells with intricate connections, may be injured either before, during, or after birth. Among the suspected causes of injury are incompatible RH factor in mother and child, poor nutrition, inherited defects in the genes, technical problems at delivery, trauma, and infectious diseases. Recent studies relate pollutants in our air, food, and water to brain damage.

It is estimated that about five percent of American children are afflicted with a minimal brain dysfunction. It manifests itself with difficulties in learning and making social adjustment. The child is often late in walking, talking, and toilet control. His hyperactivity is not the result of isolated incidents but is nonstop, capricious motion. He may have perceptual difficulties, reversing letters, or skipping lines. Sometimes he can't distinguish right from left. He may have a hearing problem, and the subtleties of sound elude him. He may find it difficult to communicate and is repetitive in speech. Often learning to ride a bike is a Herculean task. He rejects baseball because he is awkward with a ball and bat. Nothing can hold his attention for long, and he dissipates his energy in all directions like a lighted sparkler.

Of course, every child has growing problems and time may be the healer. But when several of these symptoms plague a child, minimal brain dysfunction is suspected, and early investigation is indicated.

How Laura Recovered Her Self

Many of these children have high I.Q.'s. Laura is a cute nine-year-old perfectionist with a peaches and cream complexion, whose native intelligence withered under the burden of a malfunction of her adrenal glands, low blood sugar, and a perceptual disorder. Not too long ago, she lagged far behind her classmates in reading and writing because she reversed letters and skipped lines. Her sickly skin tone worried her parents who believed it was an indication of a physical disorder. Though a timid child who spoke in whispers and hid behind her mother's skirts, she shattered her family with constant crying spells and her inability to sleep.

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"We finally discovered that her emotional and learning problems were biochemical in origin and we stopped using the Freudian umbrella," says Laura's mother, who took her child from doctor to doctor in an attempt to help her. "The New York Institute for Child Development found the causes of her difficulties. With the change in her diet, the megavitamin supplement, and the sensori-motor program, there was soon a noticeable change in her personality as well as in her schoolwork. Instead of getting up at the crack of dawn, she now sleeps nine hours a night and has to be awakened. She speaks up now and participates in discussion. Her coordination is better and there is improvement in her vision, although she still needs visual training.

"When Laura goes off her diet and eats junk at a party, she may get a crying jag. Then she starts reversing letters and her reading comprehension suffers. But this condition improves after she resumes her diet. Laura is now in the fourth grade and keeping up with her classmates."

The interaction between mind and body is an intuitive gut wisdom probably as old as mankind. Oriental philosophy postulated that the mind controls the body and current experiments with bio-feedback prove it. But the body also controls the mind, and the vanguard of the medical profession is treating brain dysfunction through biochemistry. They believe that nutrition to the brain affects the nervous system which controls the learning process.

"We are aware that the approach to this problem is multi-faceted," said Dr. Levin. "The treatment involves a medical, nutritional, functional, and educational assessment. We've treated over 1,500 children and we know that our therapy works. Parents, teachers, and the youngsters themselves have moved from a hopeless acceptance of their learning disabilities to a positive, dynamic program. Of course, the earlier you get a child the better, because psychological problems inevitably follow learning problems."

Many of the minimal brain dysfunctioned are hypoglycemic. They have abnormal glucose tolerance and the level of sugar in the blood is too low to nourish their brain optimally. Six-year-old Frank who wants to be a builder when he grows up used to put his fists into the sugar bowl. Ironically, the more sugar he consumed, the lower went the level of his blood sugar. He was so wild and destructive that no babysitter would ever take the job twice. Now he can sit quietly in front of the television set, tie his shoes, catch a ball and best of all, do arithmetic and read.

"Six weeks after he started the high-protein, low-carbohydrate diet for hypoglycemia, there was an unbelievable change," said his mother with a smile. "He quieted down. He's no longer the hornet in our household. Instead of smashing his toys, he plays with them and even puts them away when he's through. Now he wants to do his homework and learn. And believe it or not, he's lost his craving for sweets. He sold me all the Halloween candy he collected for a penny a piece."

If nutrition is so effective with the brain dysfunctioned, will it also increase the learning ability of the normal child? William T. Mullineaux, Clinical Director of the Institute, says yes. "We believe that harmful food additives, white flour, and excessive sugar are the culprits that upset the normal functioning of the brain. We tested the effect of controlled food and vitamins on normal children in a Harlem nursery and found a 20 percent increase in I.Q. over a period of a year. There is no doubt that diet affects learning performance."

Attention Deficit Disorder (ADD/ADHD)

Natural Support for this Growing Problem

by Dr. Dana Myatt

<http://www.drmyattswellnessclub.com/attentiondeficit.htm>

Attention Deficit Disorder (ADD), ADD with Hyperactivity (ADHD), and depression represent a continuum of learning and behavioral disabilities that afflict an estimated 5-10% of school-aged children. These conditions also affect adults. In the United States, conventional medical treatment of choice is pharmaceutical intervention.

The definition of ADD is developmentally inappropriate inattention and impulsivity, with or without hyperactivity. The DSM-IV list 14 signs, 8 of which must be present to make the diagnosis. They are:

- 1.) Fidgets with hands or feet and squirms in seat
- 2.) has difficulty remaining seated when required to do so,
- 3.) is easily distracted by external stimuli,
- 4.) has difficulty awaiting turn in games or group situations,
- 5.) often blurts out answers before questions are completed,
- 6.) has difficulty following through on instructions from others (not due to opposition but to failure of comprehension),
- 7.) has difficulty sustaining attention in tasks or play activities,
- 8.) shifts from one uncompleted task to another,
- 9.) has difficulty playing quietly,
- 10.) talks excessively,
- 11.) often interrupts or intrudes on others,
- 12.) often does not seem to listen to what is being said,
- 13.) often loses things necessary for tasks at home or at school,
- 14.) often engages in physically dangerous activities without considering consequences.

Scope of the Problem For ADD, ADHD: An estimated 5-10% of school-aged children are affected. Boys are 10 times more likely than girls to be diagnosed with ADD/ADHD. An estimated 3-5% of ADD/ADHD-diagnosed children will be put on Ritalin (methylphenidate). In 1995, over 6 million prescriptions were written for Americans under age 18.

Proposed Causes: Nutritional deficiencies, inborn errors of metabolism, food allergies, heavy metal toxicity, malabsorption, prenatal influences, genetic influence, environmental and cultural factors, yeast infection or overgrowth, food additives, trauma, and developmental factors.

Dr. Myatt's Comment: A large body of scientific evidence suggests that ADD/ADHD is multi-factorial, meaning that there is usually more than one contributing cause. This presents a special challenge to the diagnosing physician if (s)he is interested in correcting the problem and not just treating symptoms. This may also account for the large number of children placed on drug therapy, which relieves the physician and parents of the responsibility of exploring the numerous causes and contributions to ADD/ADHD. However, due to the far-reaching effects that such attention disorders and behavior problems create, many people have found that it is worthwhile to discover and correct the *causes* of ADD/ADHD instead of simply "dumbing down" the symptoms with drugs.

Diet and Lifestyle

- Diet: Elimination/challenge to discover food allergies, then avoidance of offending foods; avoidance of artificial additives and food colorants (Feingold diet); avoidance of simple carbohydrates (sugars and refined flour products).

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- NO stimulants: colas, chocolate, caffeine- containing foods and beverages.
- Exercise: daily. Exercise helps normalize brain chemistry.

Primary Support

- Maxi Multi (adults): 3 caps, 3 times per day with meals.
- Children's Multi (children): dose according to age and body weight as listed on product label. A deficiency of any vitamin, mineral or trace mineral can lead to impaired mental performance.
- L-glutamine: 2,500-3,000mg per day. (This will vary depending on the age and weight of the patient).
- Cal-Mag Amino: (calcium/ magnesium) [Target dose: < 10 years, 1,000mg calcium, > 10 years, 1,200- 1,500 mg calcium with corresponding dose of magnesium].
- Grape Seed Extract: 50 mg, 3 times per day with meals.

Additional Support

- L-5-HTP: dose according to weight in children (See page 18 in the Holistic Health Handbook or see the Children's Dosing Guidelines on our "How To Use Herbs" page). In adults, begin with 1 cap, 3 times per day and increase to 2 caps, 3 times per day after two weeks. **Use only with medical supervision if antidepressant medications are also being taken.**

Author's Note:

I recommend for physicians, parents, and teachers: "Hyper Kids" by Lendon Smith, Shaw/Spelling Assoc., 1990. This workbook provides questionnaires to help physicians and parents sort out causes of ADD/ADHD--- from nutrient deficiencies and allergies to malabsorption and yeast overgrowth. A very useful resource in differential diagnosis.

<http://www.drmyattswellnessclub.com/ADDlecture.htm>

PubMed Abstracts

<http://jccglutenfree.googlepages.com/adhd>

Although further research is required, the current evidence supports indications of nutritional and dietary influences on behavior and learning in these children, with the strongest support to date reported for omega-3s and behavioral food reactions. Nutritional and dietary influences on attention deficit hyperactivity disorder. PMID: 18826452, Oct 2008

Food Allergies

Are children with ADHD allergic to chocolate? Tomatoes? Wheat? Dairy? Food allergies and food sensitivities can have a wide range of biological and behavioral effects. Gluten sensitivity (celiac disease), for example, is linked to an increased risk of ADHD and other symptoms. Many parents wonder whether their child has allergies or sensitivities to food that contribute to their behavioral problems and often ask about this.

In an open study of 78 children with ADHD referred to a nutrition clinic, 59 improved on a few foods trial that eliminated foods to which children are commonly sensitive[5]; for the 19 children in this study who were able to participate in a double-blind cross-over trial of the suspected food, there was a significant effect for the provoking foods to worsen ratings of behavior and to impair psychological test performance.

Lifestyle and Complementary Therapies for ADHD: How Health Professionals Can Approach Patients (Medscape 2007)

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Conclusion: The data indicate that ADHD-like symptomatology is markedly overrepresented among untreated CD patients and that a gluten-free diet may improve symptoms significantly within a short period of time. The results of this study also suggest that CD should be included in the list of diseases associated with ADHD-like symptomatology.

A preliminary investigation of ADHD symptoms in persons with celiac disease.

PMID: 17085630 J Atten Disord. Nov 2006

Improvement of neurobehavioral disorders in children supplemented with magnesium-vitamin B6. I. Attention deficit hyperactivity disorders. PMID: 16846100 Mar 2006

Moreover, there were such biochemical alterations as a decrease of magnesium level in the plasma and erythrocytes and a reduction of Mg(2+)-ATPase activity. The use of MAGNE-B6 allowed us to correct many of the disturbances

[Neurological aspect of clinical symptoms, pathophysiology and correction in attention deficit hyperactivity disorder]

PMID: 16548369 2006

CONCLUSION: This open study indicates that hyperexcitable children have low ERC-Mg with normal serum Mg(2+) values, and that Mg(2+)/vitamin B6 supplementation can restore normal ERC-Mg levels and improve their abnormal behavior.

Magnesium VitB6 intake reduces central nervous system hyperexcitability in children.

PMID: 15466962 Oct 2004

CONCLUSION: This study suggests that the variability of neurologic disorders that occur in CD is broader than previously reported and includes "softer" and more common neurologic disorders, such as chronic headache, developmental delay, hypotonia, and learning disorders or ADHD. Future longitudinal prospective studies might better define the full range of these neurologic disorders and their clinical response to a gluten-free diet.

Range of neurologic disorders in patients with celiac disease. PMID: 15173490

CONCLUSIONS: These results suggest that low iron stores contribute to ADHD and that ADHD children may benefit from iron supplementation.

Iron deficiency in children with attention-deficit/hyperactivity disorder.

PMID: 15583094 Dec 2004

From: **Dangerous Grains**

by James Braly, MD, and Ron Hoggan, MA:

"About 70% of children with untreated celiac disease show exactly the same abnormalities in brain-wave patterns as those who have been diagnosed with attention deficit disorder. Another recent study, the first of its kind, reported that food allergens, including wheat, could reproducibly cause abnormal brain waves. The most remarkable part of this research is that it shows that after a year of excluding gluten from the diet, all of these abnormalities disappear. For these children, diet not only treats their celiac disease but also their brains and ADD"
DANGEROUS GRAINS: Why Gluten Cereal Grains May Be Hazardous to Your Health, Avery, 2002.

Dr. Kaslow on ADHD

<http://www.drkaslow.com/html/add-adhd.html>

Gluten, Dairy and ADHD

<http://www.paleodiet.com/autism/>

Attention Deficit Disorder (ADD) can respond to a diet change

by Dr. David G. Williams

http://iodine4health.com/overviews/clinicians/williams_clinician.htm

"Dr. David Williams recommends avoiding sugar and high carbohydrate foods, as well as strengthening the adrenal glands with a product called Drenamin. In some children, a thyroid imbalance may be contributing to ADD and/or ADHD. If avoiding sugar and high carbohydrate foods and taking Drenamin does not cure the problem, Dr. Williams recommends taking thyroid glandular supplement Thytrophin and the liquid iodine supplement Iosol.

"Other considerations are different nutritional deficiencies. The majority of Americans doesn't meet the Recommended Dietary Allowance (RDA) for magnesium, including children. A deficiency of magnesium can present common psychiatric symptoms including depression, anxiety, restlessness, and irritability. Depressed patients have been found to have lower levels of magnesium. Several studies show that ADHD children are deficient in many common minerals, most often in magnesium, zinc, and iron, and that magnesium supplementation significantly decreases the hyperactivity symptoms in these children."

Ironing out Attention Problems

Dr. David Williams

Alternatives, July, 2008

Paris, France

Researchers found that one of the primary causes of attention deficit/hyperactivity disorder (ADHD) is a lack of iron, and that iron supplementation works just as well as Ritalin and other stimulant drugs to relieve the symptoms of ADHD.

The rapid growth that takes place during childhood requires extra oxygen to support the new growth and increased activity. This oxygen arrives courtesy of an increased number of red blood cells with their iron-rich hemoglobin. With insufficient iron storage levels, children are in an anemic or pre-anemic state – and experience constant fatigue, brain fog, and erratic behavior. The pharmaceutical answer has been to place these kids on stimulants.

Researchers at Hôpital Robert Debré instead placed children who had ADHD on iron supplements for 12 weeks and compared their behavior to another group taking a placebo. During the period of the study there was a significant decrease in the ADHA Rating Scale and other criteria used to assess the severity of ADHD. *In this study iron supplementation was well-tolerated, and its effectiveness was comparable to that of drug stimulants.* Those children (age 5 to 8 years) given an iron supplement of 80 mg a day showed remarkable improvements in behavior, ability to focus attention, and learning ability – while there was no change in the group given a placebo. (While this may seem like a high dosage of iron for young children, it was for a short time only – and if the diet is corrected to include more foods that contain high levels of iron, it's possible that the supplementation could be stopped after a period of a few months.) (*Pediatr Neurol* 08;38:20-26)

Other studies have shown that ADHD children routinely have below-normal levels of iron in their blood, but for some reason iron supplements are rarely even mentioned in the treatment of ADHD.

Adrenal fatigue, blood sugar-handling problems, and deficiencies in the omega-3 fatty acids DHA and EPA also contribute to attention deficit problems.

If you have preteen or teenage children who seem to be "walking zombies" throughout the day or who are having behavior problems, adding an iron supplement and addressing the other items I just mentioned will often change their lives in a matter of weeks.



Breakfast makes kids smarter

Venture Inward, March / April 1999

Children who eat breakfast not only do better academically than those who don't, but they also behave better. A new study, published in the Archives of Pediatric and Adolescent Medicine, finds that those children who ate breakfast generally had higher math grades; were less depressed, anxious, and hyperactive; and were more likely to attend class and be on time. The breakfast-eaters often averaged almost a whole grade higher than those who didn't eat breakfast.

Also see http://www.aredcayce.org/members/venture_inward/01021999/column.asp?ID=Nutrition

ADHD Drugs and Hallucinations

Dr. Paul G. Varnas & WholeHealthAmerica.com

The Better Health News, Vol. 5, Issue 3

According to researchers from the FDA, drugs given for ADHD (attention deficit hyperactivity disorder) can cause hallucinations, even when properly prescribed and taken. The research, published in *Pediatrics* (Vol. 123 No. 2, February 2009, pp. 611-616) looked at data from 49 different clinical studies and found that the drugs can cause the symptoms of psychosis and mania – including hallucinations. The number of children experiencing side effects was small – 11 out of 743 participants in the various studies (about 1.5%), but the effects can be severe or disturbing. In some cases the children experienced hallucinations where bugs, worms or snakes were crawling on them. Participants receiving placebos in the various studies experienced no such symptoms.

Cigarettes and Lead Linked to Attention Disorder

Science News, October 7, 2006

Nearly half a million cases of attention-deficit hyperactivity disorder among U.S. children are related to exposures to lead or their mothers' smoking while pregnant, a nationwide study suggests. The two environmental hazards might account for more than a quarter of drug-treated ADHD cases.

The finding bolsters earlier research that linked smoke exposure to ADHD and provides the best evidence yet that lead, a brain-damaging metal, might also contribute to the common behavioral disorder.

Published online on Sept. 19 for an upcoming *Environmental Health Perspectives*, the study analyzed data on 4,704 children who were 4 to 15 years old when they - participated in a recent nationwide survey of health and nutrition.

Surveyors recorded that 4.2 percent of the children had been both diagnosed with ADHD and prescribed stimulants to treat the condition. The researchers collected other data as well, including the concentration of lead in a blood sample from each child, whether the child's mother had smoked during pregnancy, and whether anyone subsequently smoked in the child's home.

Children whose mothers smoked before giving birth – but not those exposed later – were 2.5 times as likely as other children to have ADHD, the new analysis shows. And kids with the highest blood-lead concentrations were 4.1 times as likely to have the disorder as were children with the lowest concentrations, report researchers led by Bruce Lanphear of Cincinnati Children's Hospital Medical Center.

Given the percentage of surveyed children who are taking drugs for ADHD, at least 1.8 million children nationwide have the disorder, the researchers estimate. About 480,000 of those cases could be attributed to smoke exposure, lead exposure, or a combination of the two, the scientists say. – B.H.

Fantastic Blood Vessel Fixer
(Grape Seed OPC and Pycnogenol)
by Jean Carper
from *Miracle Cures*

It may cure many ills, but there's nothing like it for strengthening blood vessels and fighting varicose veins.

It's your lifeline – that intricate network of blood vessels, from tiny capillaries to large arteries and veins that feeds blood to every bit of tissue from the top of your head to the tip of your toes. The integrity and strength of these blood vessels, combined with the proper functioning of your heart, are unquestionably paramount factors in your health and survival. If blood vessels grow old or diseased, fragile, thin, and leaky, your health is compromised. If blood-carrying oxygen doesn't flow through properly, your heart muscle can be damaged, your brain cells may die or malfunction, your leg muscles may cramp and cause pain, your vision may diminish. If a blood vessel leaks or bursts, you may suffer a brain hemorrhage or "bleeding stroke," or tiny spider veins may appear on the surface of your skin. Your gums and nose may bleed; varicose veins may bulge in your legs. Fluid may leak through permeable blood vessels, causing swelling or edema. Nothing is more critical than the vitality of those miles of capillaries, veins, and arteries that make up your circulatory system.

Yet has anyone ever told you of a medicine that can actually strengthen fragile and weakened blood vessels, restoring them to normal health, reversing and preventing circulatory disasters?

There is such a unique natural remedy – a drug extensively used in Europe with amazing success. There's no other medicine like it anywhere. Derived commercially from grape seeds and the bark of the pine tree, it is a mixture of antioxidant molecules, variously called proanthocyanidins, procyanidins, proanthocyanidolic oligomers (PCO), oligomeric procyanidins (OPC), pycnogenols (generic), Pycnogenol (pronounced pik-NOD-ja-nol), or just plain grape seed extract. And you can easily get it.

OPC, as it's commonly called in scientific circles, is expert at treating vascular diseases because it actually increases the structural strength of weakened blood vessels. It also has other biological activity and is one of the most potent antioxidants known – fifty times as powerful as vitamin E, according to some tests. Antioxidants can help neutralize the underlying chemical cause (free radicals) that promotes most diseases.

Research on OPC is just beginning in the United States, so there are few scientific data in American medical journals or textbooks to back up therapeutic claims. But there are four decades of proven use in Europe, especially France, to be excited about. Many Americans are already raving about the wondrous relief they have experienced from taking OPC, and its popularity is sure to soar as its benefits become even better known. Some experts call OPC a superstar among botanical supplements, the one with the most potential of all for benefiting human health.

What Is It?

In 1947 the renowned French chemist Jack Masquelier, professor emeritus of medicine at the University of Bordeaux, isolated the first OPC, a colorless substance, from the red skin of the peanut. He tells how he gave it to the wife of the dean of his faculty, who had severe edema from pregnancy; her swollen legs got so tired she could barely walk. "Well, the dean's wife was cured in forty-eight hours," says Dr. Masquelier. "So there had to be something special about my extract." In 1950 the peanut-skin OPC became the first

vasculo-protective medicine, known as Resivit and sold in France. About a quarter of a century later another drug based on Dr. Masquelier's grape seed OPC, called Endotelon, made its debut in France. By 1979 Masquelier had also christened his brainchild "pycnogenols," a generic word describing in Greek its multifaceted chemistry. (Later the term Pycnogenol became a patented registered trademark of a British company, Horphag Research Limited.) Dr. Masquelier has also detected OPC in virtually all plants, red wine, and the peanut kernel itself. The current concentrated commercial sources are grape seeds and the bark of the French maritime pine tree. Dr. Masquelier also says OPC primarily accounts for the antioxidant, artery-protecting activity of red wine and tea.

What's the Evidence?

If you lived in France, you would probably know OPC best as a foremost drug to treat varicose veins, a potentially disfiguring, painful condition in which veins tend to sag and stretch, become inflamed, and appear as purplish, elongated bulges beneath the skin. Taking OPC, studies show, can actually strengthen the veins, firming them up and restoring their resilience so they retract back into the skin. Dr. Masquelier and colleagues have done nine studies confirming OPC's efficacy for varicose veins. Another primary use of OPC is to reduce fluid buildup, or edema. When vascular walls become weakened, fluids transported inside the veins leak out, leading to swelling. By strengthening capillary walls and performing other biological maneuvers, OPC reduces edema and swelling, which may be important in fighting high blood pressure, congestive heart failure, and sports injuries involving swelling. Additionally, OPC has been used to treat eye problems – glare, night blindness, macular degeneration – arthritis, hay fever and allergies, and nosebleeds.

"If you regularly take OPC, your vascular walls will be reinforced," says Dr. Masquelier. He cites ways to tell if you need OPC: "In the morning you brush your teeth and discover that your gums are bleeding. Or you notice a speck of blood on the cornea of the eye. Or at night you feel tired, your calves are swollen, you notice edema. In that case you're suffering from vascular fragility, and OPC fights all these pathological mechanisms."

Decades of European Research

Europeans for forty years have benefited from OPC treatment to relieve capillary and circulatory disorders, primarily varicose veins. And the research, much of it done by Dr. Masquelier and colleagues, is compelling. In 1995 a major review of the research by Italian investigators concluded that OPC indeed worked, sometimes better than other potent human-made pharmaceutical drugs. One 1981 well-conducted (double-blind) study of fifty patients with varicose veins found that 150 milligrams of grape seed OPC (Endotelon) a day worked faster and longer than a commonly prescribed pharmaceutical drug (Diosmine) in reducing pain, sensations of burning and tingling, and the degree of distention of the veins. All symptoms improved within thirty days. In another study, giving patients with widespread varicose veins just a single 150-milligram dose of OPC improved the tone of their veins, as meticulously measured by a standard test. Another 1985 double-blind controlled study of ninety-two French patients with "venous insufficiency," or varicose veins, showed that 300 milligrams of grape seed OPC daily for twenty-eight days reduced pain, tingling, night leg cramps, and swelling by more than 50 percent. Seventy-five percent of the patients improved on the grape seed medication, making it twice as effective as the dummy pill.

OPC has also proved good medicine for eyes. It helps eyes recover from the glare of bright lights, important in night vision. Two separate French studies of 100 subjects found that taking a 200-milligram dose of grape seed OPC for five weeks dramatically increased the recovery of visual acuity after being subjected to bright lights. In other

tests the grape seed product also worked to relieve eye stress caused by working at a computer monitor and improved the function and sensitivity of the retina in nearsighted people. Several studies have found that OPC was successful in treating retinopathy that causes deteriorating eyesight, particularly in diabetics. The usual doses: 100 to 150 milligrams of OPC daily.

OPC's strong antioxidant activity may also make it ideal treatment for age-related macular degeneration, a serious eye disease, observes Dr. Denham Harman, antioxidant authority at the University of Nebraska. That's because OPCs "tend to localize in the small vasculature of the eyes," he says. Other weaker antioxidants have delayed progression of macular degeneration....

Defuses High Blood Pressure

OPC may help reverse high blood pressure and its consequences. People with high blood pressure commonly have weakened capillaries with high permeability, boosting their chances of hemorrhagic stroke and ruptured blood vessels in the retina of the eye, research shows. In animals prone to high blood pressure, OPC has strengthened capillaries, according to extensive studies by one of Hungary's most distinguished scientists, Dr. Miklos Gabor. In human terms this means OPC might keep blood vessels in the brain and eyes from weakening enough to burst, he says. Indeed, French researchers have found that grape seed OPC increased capillary resistance by 25 percent in patients with high blood pressure and/or diabetes, compared with those taking a placebo sugar pill. Exciting new research by Professor Peter Rohdewald, a leading pharmaceutical researcher at the University of Munster in Germany, shows that pine bark OPC reduces adrenaline stress reactions that trigger high blood pressure. In animals, brain damage from strokes was much less in those first given OPC.

In a particularly convincing demonstration of OPC's ability to increase capillary "resistance" or strength, Dr. Rohdewald and colleagues applied a vacuum to the skin of elderly people, which readily produced microbleedings within the skin. But after the subjects took a single dose of 100 milligrams of pine bark OPC (Pycnogenol), the vacuum power had to be increased markedly to produce the micro-bleeding. This means the OPC strengthened the capillaries so "they don't 'leak' or bleed as easily," said Professor Rohdewald.

Further, it is well known that inflammation and diabetes abnormally increase the permeability of blood vessels. Giving animals OPC blocked such detrimental increased permeability of brain capillaries, the aorta of the heart, and cardiac muscle capillaries, according to French scientists at the University of Paris....

How Does It Work?

OPC's main claim to fame is its unique ability to strengthen the walls of blood vessels weakened by age and disease. OPC thus reverses the fragility of blood vessels, making them more intact and supple so blood flows through easily and doesn't leak out. OPC accomplishes this by actually creating tougher, thicker, more tightly knit blood vessel walls that are less apt to stretch, leak, or burst. As Dr. Masquelier explains, two proteins in the vessel wall, collagen and elastin, greatly determine the elasticity and permeability of the vascular wall, whether the wall is solid, strong, and flexible, or fragile and leaky. OPC attaches to these two building block proteins, preventing their degradation by destructive enzymes and encouraging their synthesis and maturation. In short, OPC reinforces the structure of the connective tissue that makes blood vessels strong and resistant.

Part of OPC's power in protecting blood vessels is its anti-inflammatory activity; inflammation is increasingly recognized as contributing greatly to the degradation of

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arteries and veins. OPC also acts as an antihistamine by blocking the activation of enzymes that regulate histamine release. "Although OPC was never released as a pharmaceutical antihistamine, it performs just as well," says Dr. Masquelier.

How Much Do You Need?

Recommended therapeutic doses of OPC are between 150 and 300 milligrams daily to treat illnesses and between 50 and 100 milligrams to maintain good vascular health.

The Safety Factor

OPCs are expected to be safe because they are widespread in the food supply; however, they have been tested for toxicity in laboratory mice, rats, guinea pigs, and dogs and have been declared nontoxic, nonmutagenic, noncarcinogenic, and free of side effects, according to a review of the evidence by German researcher Professor Peter Rohdewald. Additionally, in tests of OPC on humans, doctors have not reported adverse effects, say experts.

Grape Seed Extract Versus Pycnogenol?

Commercially, you can get OPC as a grape seed extract or a pine bark extract (known as Pycnogenol, a brand name) or a combination of the two. There has been much controversy over which is better. It's well known which is less expensive – grape seed extract. Even the highest-quality grape seed extract is from one-third to one-half the cost of Pycnogenol. Moreover, nearly all the research in Europe has been done on grape seed extract, mainly Dr. Masquelier's formula, not pine bark or Pycnogenol. Although new studies are now being done in both Europe and the United States using Pycnogenol, most of the claims for it actually stem from research on grape seed extract.

Thus the question among many practitioners is which to use and recommend. Seattle's Dr. Michael Murray, author of several books on the medicinal value of plant chemicals, argues that grape seed extract is generally superior to pine bark extract in proven efficacy and price. He points out that OPC from grape seed is recommended as the preferred form by health care practitioners in France, where it outsells Pycnogenol by 400 percent. The fact that Pycnogenol currently outsells grape seed extract in the United States, Dr. Murray says, is due to aggressive marketing and misinformation.

Consumer Concerns

The quality of OPC products varies greatly. And it's often impossible for consumers to know how much OPC most contain. Many reputable companies are now turning out grape seed extract with varying concentrations of OPC and other constituents. Yet standardized testing on OPC is rarely done to determine the amount, potency, and all-important bioavailability (how your body absorbs it). But there is good news for consumers about both pine bark and grape seed extracts. The Henkel Corporation, a well-respected U.S. supplement maker, has assumed marketing of Pycnogenol in this country (it is made in England) and is expected to upgrade the scientific testing and marketing of the supplement. However, Pycnogenol is still expected to cost much more than the highest-quality grape seed extract.

Also, you can now easily get Dr. Masquelier's original French OPC remedy, which has been so thoroughly tested in Europe, notably as a treatment for varicose veins and other vascular diseases. The grape-seed pharmaceutical quality extract, known as Endotelon in Europe, is being sold by Nature's Way as Dr. Jack Masquelier's Tru-OPCs and by NaturaLife as Dr. Jack Masquelier's Authentic OPCs. Dr. Masquelier's brand name pine-bark OPC and a combination of grape seed and pine bark, known as OPC-85, which

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was found effective in recent research on attention deficit disorder, are also available through the company Primary Source by calling 800-667-1538.

Should You Try It?

If you think your blood vessels need help – undeniably blood vessels weaken with age and disease – taking OPC could be a smart idea, especially if you are older or concerned about varicose veins, spider veins, age-related deterioration in vision, swelling and edema, allergies, high blood pressure, a tendency to bleed and bruise easily, or a family or personal history of a bleeding stroke or diabetes (a disorder in which blood vessels are more permeable). There is no safe alternative, nothing comparable among other natural remedies, over-the-counter drugs, or even prescription drugs. OPC is safe and relatively inexpensive and could add a whole new dimension of health to a body with a poor and deteriorating circulatory system. Just think, if OPC reinforces the walls of any blood vessel, it does the same for all arteries, veins, and capillaries. It is not selective. The potential payoff is enormous in fighting vascular disease in all its destructive guises.

What Else Is It Good For?

Since OPC is an antioxidant, research shows it fights cholesterol by discouraging deposits from forming on artery walls. OPC's anti-inflammatory activity may help relieve inflammatory conditions, including arthritis, allergies, bronchitis, and asthma. OPC also corrects dangerous blood clotting tendencies that trigger heart attacks and strokes. Dr. Ronald Watson, a researcher at the University of Arizona, recently confirmed that OPC (Pycnogenol) normalizes platelet aggregation – blood stickiness leading to hazardous blood clots. He showed that when people smoked, their platelets clumped together in a tendency to form clots. But about twenty minutes after taking OPC, their platelets returned to normal.

Is It Also Brain Medicine?

A surprising use of OPC has arisen among people suffering from that bewildering disorder in concentration and attention known as attention deficit disorder (ADD), or attention deficit with hyperactivity disorder (ADHD). It is said to have begun quite accidentally when people with ADD took OPC for another purpose, such as allergies, and noticed an improvement in concentration and mental focus, classic symptoms of attention deficit. Others started using it. Word spread, and the ADD remedy has achieved high visibility on the Internet and at natural products trade shows.

The use of OPC for this purpose has not been widely studied. But a preliminary study by Marion Sigurdson, Ph.D., a psychologist in Tulsa, Oklahoma, who specializes in treating attention deficit disorder, has found striking benefits from OPC. Using a blend of grape seed and pine bark (Dr. Masquelier's OPC-85 product), Dr. Sigurdson found that it worked just as well as the commonly prescribed stimulant medications, including Ritalin, on thirty children and adults diagnosed with ADD. The subjects were given a battery of computerized and behavior tests to judge their attention, concentration, and other important factors in ADD under various circumstances: when they were either on or off their usual stimulant medications, or on the OPC alone. When they were off their medications, their ADD deteriorated. On their medications, they were much improved. But when they took daily doses of the OPC grape seed-pine bark mixture, their scores and behavior were just as improved as when they took stimulant drugs. In other words, the OPC equaled the drugs in most subjects. Generally, children fared better on a lower dose (20 milligrams of OPC per 20 pounds of body weight daily), and adults did better with a higher dose of 40 milligrams per 20 pounds of body weight daily. (Many of the

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subjects also had other positive effects: decreased heartbeat, disappearance of tennis elbow, relief of acne, improved sleep and mood.)

Scientifically, how could this possibly be true? How could mundane grape seed and pine bark chemicals have a profound influence on the brain comparable to that of a powerful pharmaceutical drug? According to Marcia Zimmerman, a California consultant who specializes in research on OPCs, there is some underpinning in the scientific literature, suggesting possible mechanisms of action. A fascinating way OPCs might affect brain cells, as shown by studies in cell cultures, she says, is by regulating enzymes that help control two crucial neurotransmitters – dopamine and norepinephrine, chemicals that carry messages among brain cells and are involved in "excitatory" responses. OPCs also help deliver nutrients to the brain, such as zinc, manganese, selenium, and copper, that are helpful in ADHD, according to recent research. Additionally OPCs' remarkable antioxidant activity may help stabilize brain cells and improve their functioning by neutralizing damage from free radicals.

Steven's Miracle

"I Can Now Finish What I Start"

Looking back, clinical psychologist Steven Tenenbaum realizes he has always had problems concentrating, paying attention, and focusing. He did poorly in school, especially in math. "On my report card, it said 'Has no *Sitzfleisch*' – will not sit still," he recalls. He was hyperactive-impulsive and had problems with attention. But not until 1984, at age twenty-five when he was getting his doctorate at St. Louis's Washington University to become a psychologist, did he understand he had a neurological condition called attention deficit hyperactive disorder or ADHD, characterized by a short attention span, impulsivity, and sometimes hyperactivity. The condition is said to affect 4 to 7 percent of the population, both youngsters and adults.

Under ordinary circumstances, Dr. Tenenbaum would have relied on stimulant drugs, such as Ritalin, Dexedrine, or cyfert, widely prescribed for ADHD. But he had learned to fly recreationally, and if he took such drugs he could not keep his pilot's license under Federal Aviation Administration (FAA) regulations. So he toughed it out for many years without medication. After getting his doctorate, he set up the Attention Deficit Center in St. Louis, which specializes in counseling and developing coping abilities in children with ADHD.

In 1995 he began to hear about alternative treatments for ADHD from patients, parents, and people on the Internet. The buzz on one such substance, Pycnogenol, was particularly fascinating to Tenenbaum. He tried it and was thrilled. "My effectiveness has increased by about 40 or 50 percent in the year and a half I've been on it. I can now finish what I start," he raves. Without his three-times-daily regimen of the pine bark extract, he becomes mentally scattered and unable to focus. "When that happens, I'll run to take the medicine (Pycnogenol), and fifteen minutes later I'll be calm, cool, and collected for about three and a half hours." He compares it to the stimulant drug cyfert. "It functions like a stimulant in that it produces the increase in attention, the increase in focus, the decrease in emotional reactivity." He also feels it elevates his mood.

Tenenbaum notes that like prescription stimulants, the OPC seems to work for some but not others. It does not eliminate the problem, of course, but only helps control it. "It just dampens some of the intensity of the disorder," he asserts.

He is conducting a new study of Pycnogenol to treat ADHD, sponsored by the Henkel Corporation.

Fish Oil: Food for Thought ***Cognitive Function and Mood***

Julian Whitaker, MD

Dr. Julian Whitaker's Health and Healing Newsletter, March 2008

Fish oil is, hands down, one of our most valuable nutritional supplements. Its anti-inflammatory properties are undeniable, its ability to improve lipid levels irrefutable, and its role in cardiovascular health unquestionable. But there's another area that deserves more attention: fish oil's ability to improve memory, attention, mood, and mental and emotional problems.

Fish Oil Makes You Smarter

It makes sense that fish oil would have profound effects on the brain. After all, more than half of your brain is made up of fat, and nearly 30 percent of that fat is docosahexaenoic acid (DHA), which, along with eicosapentaenoic acid (EPA), is one of the main omega-3 fatty acids in fish oil.

DHA helps maintain brain cells' structural integrity and facilitates communication between neurons. It is especially abundant in the cortex, the gray matter of the brain largely responsible for learning and reasoning, and it makes up much of the myelin sheaths that insulate brain cells.

When DHA is scarce, the brain must resort to using substandard fats, which makes optimal functioning next to impossible. As a result, numerous cognitive problems arise, including lower IQ, memory loss, concentration difficulties, and even dementia. The good news is that many of these conditions can be avoided or even reversed by eating plenty of omega-3-rich fish and supplementing with fish oil.

Get Kids Off to a Good Start

DHA is particularly important for the developing brain, and expectant mothers can give their kids a leg up by increasing their omega-3 intake. In a 2007 study, women were given cereal bars containing 300 mg of DHA or placebo bars to eat five times a week beginning in their 24th week of pregnancy. When the children of these women were nine months old, they were evaluated, and the babies whose mothers had eaten the DHA-enriched snacks performed markedly better in tests of problem solving.

The best way to ensure that newborns continue to reap the benefits of this important fat is to feed them DHA-rich breast milk. Studies show that breastfed kids have somewhat higher IQs, earlier motor skills, fewer behavioral and emotional problems, and lower risk of minor neurological problems later in life.

Better than Ritalin

More than a million of our kids take Ritalin and other drugs for attention deficit hyperactivity disorder (ADHD). It's even given to children as young as two! Labeling kids who have behavior issues with a pseudo-disease and drugging them with medications that mimic the effects of cocaine and amphetamines is evil – especially when safe, effective options exist.

One such alternative is fish oil. Children with behavior problems often have lower red blood cell levels of omega-3 fatty acids. And recent studies show that supplements containing high doses of DHA, EPA, and omega-6 fats normalize fatty acid levels and improve attention, hyperactivity, and impulsivity-without any of the adverse effects of Ritalin.

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Fish oil is also being explored as a treatment for autism and Asperger's syndrome, with promising results. A pilot study revealed that when kids with these conditions were given essential fatty acid supplements, their language and learning skills improved.

Stay Sharp, Be Happy

The neurological benefits of fish oil do not end in childhood. Supplementing with fish oil helps keep your brain functioning at its peak throughout life. It may also stave off more serious problems such as Alzheimer's disease. UCLA researchers have discovered that DHA increases production of a protein called LR11, which is responsible for breaking down the proteins that create the beta amyloid plaques characteristic of Alzheimer's.

In addition to keeping you sharp, fish oil may make you happier. Nearly 15 million US adults suffer with major depressive disorder, and many of them end up taking dangerous antidepressants. Drugs are not the answer – but fish oil might be. Numerous studies link higher levels of omega-3s and frequent consumption of fish with decreased risk of depression.

In one study, when patients took 1 g of EPA daily for 12 weeks, depression scores fell by 50 percent. Sarah, a patient of mine, had even better results. After taking Prozac for three years, she weaned herself off the antidepressant. But in the ensuing months, her depression and anxiety returned in full force. Then she started taking four capsules of fish oil each day along with B-complex vitamins. Today, she says, "This combo really works! I feel normal and healthy and in control of my life."

Help for Bipolar Disorder

Patients with more severe mood disorders also reap benefits. A Harvard study examining fish oil for people with bipolar disorder was actually put on hold after four months. Its effects were so profound, and those taking it had such significant periods of remission, that the researchers were ethically compelled to offer fish oil to all study participants.

More research investigating fish oil as a treatment for depression is on the horizon. The National Institutes of Health, in conjunction with Massachusetts General Hospital, is currently recruiting participants for a study to determine the efficacy and tolerability of fish oil in major depressive disorder. For more information on this study, call (888) CEDARS3 or visit cedars-sinai.edu.

Recommendations:

- I recommend that everyone, regardless of health status, take a minimum of 2 g of high-quality fish oil per day. Great options for children include DHA for Kids from Healthy Directions, (800) 722-8008, and Kids Very Finest Fish Oil from Carlson Laboratories, sold in health food stores.

- If you require large doses, look for liquid or concentrated fish oil supplements – they beat taking handfuls of capsules. One good brand is Nordic Naturals' Ultimate Omega.

- Boost your intake of omega-3s by eating two or three weekly servings of low-mercury, cold-water fish, such as wild Pacific salmon and sardines.

- To read more about the benefits of fish oil, visit the Subscriber Center at drwhitaker.com.

References [omitted]

Did You Know? Ritalin, the popular ADHD drug, is linked with sudden unexplained death in children and adolescents. *Dr. Julian Whitaker's Health and Healing Newsletter, December 2009*

The Universal Miracle Cure
(Fish Oil or Omega-3s)
from *Miracle Cures* by Jean Carper

It can fix up your heart, blood, joints, colon, even your brain. It's a unique and potent medicine.

Your joints are arthritic and painful. You have colitis or inflammatory bowel disease. Your heart rhythm is abnormal, making you vulnerable to sudden death from heart attack. Your blood triglycerides are too high or your blood vessels are slightly clogged and you're afraid an artery may clamp shut, triggering a heart attack or stroke. Your mood or mental functioning is not great – you're a little depressed, edgy, and irritable; you don't concentrate as well as you once did; or you feel unfocused.

You may need one of nature's most marvelous, versatile medicines – those unique fatty molecules found in fish. Remarkable new research is finding that this peculiar type of fat is so essential to your cells that they malfunction without it, creating a cascade of events that cripple you in ways quite unsuspected until lately. It is no exaggeration to say that fish oil or its major unique component, omega-3 fatty acids, is such an extraordinary pharmacological substance that your body collapses without it.

The reason: Fish oil, along with other types of fat in the membranes encapsulating cells, literally controls the cell's behavior. And as each cell goes, so goes the rest of the body. A minuscule imbalance of fatty acids in individual cells can make them go berserk, creating chaos throughout your body.

Only in the last decade have scientists begun to understand how the fat content of cells can foster illness and how infusing cells with the right fat can correct the fatty imbalance, making dysfunctional cells behave properly and disease symptoms subside. Among other things, the omega-3 fatty acids in fish temper our cells' angry inflammatory attacks on other cells, keep cell membranes pliable enough to slip easily through blood vessels, rev up antioxidant defenses, and modulate the passage of electro-chemical messages through brain and heart cells.

True, omega-3 fish oil defies the definition of conventional drugs because it does not conform to the pharmaceutical mind-set that one agent treats only a single specific symptom or disorder. Fish oil's therapeutic powers are so broad they might seem preposterous were they not so scientifically grounded. Leading scientists throughout the world acknowledge that fish oil is a therapeutic wizard, full of surprises.

What Is It?

The particular type of fatty acid in fish oil is unique. It is called long-chain omega-3. Some plant foods – rapeseed (canola oil), flaxseed, walnuts – also have omega-3s that are not as potent as those in fish. Additionally, fish oil or omega-3s are of two types – EPA, long touted as crucial in heart disease; and DHA, now known to be important in brain functions. You get these fish oils when you eat fatty fish, such as mackerel, sardines, salmon, and herring. Fish oil, containing specific amounts of omega-3 fatty acids, is also put into soft-gel capsules that you can take therapeutically.

How Does It Work?

Astounding as it may seem, the type of fatty acids in your cells orchestrate a myriad events that determine your well-being. Most critical is the balance of types of fatty acids in cells. Too much of one type of oil, called omega-6 (dominant in corn oil, for example), causes them to spew off inflammatory chemicals that stab pains into your joints and inflame the inner lining of your intestinal tract. Whereas omega-3 oils, dominant in fish, tends to subdue inflammation—a process underlying a broad spectrum

of diseases such as arthritis, asthma, colitis, psoriasis, and even artery disease. Fish oil also spurs release of chemicals that can influence electrical activity in the heart as well as soothe the brain, lift the mood, and focus the mind.

New Brain Breakthroughs

Although for years scientists understood that fish oil could lighten the burden of heart disease, arthritis and other inflammatory diseases, only recently have they focused on the impact of fish oil in the brain. New evidence shows that fish oil may also be therapeutic for mood and brain disturbances. Dr. Norman Salem at the National Institute of Mental health says low levels of omega-3s, especially one fraction called DHA, which is rich in salmon, are linked to depression, aggressive behavior, brain damage from alcohol, attention deficit disorder, and possibly Alzheimer's disease. Too little DHA and other omega-3 fat in brain cell membranes, says Dr. Salem, may compromise proper brain functioning in various ways. He explains that DHA fatty acid helps regulate cell membrane functions involved in transmitting signals among brain cells. It's easier, research suggests, for brain chemicals such as serotonin to transmit proper messages when the consistency of fat in membranes surrounding brain cells is fluid and flexible, as is fish oil, rather than stiff and hardened like lard.

If you don't feed brain cell membranes enough of the right type of fat, the messages can be short-circuited and garbled. That may mean a disturbance in mood, concentration, memory, attention, and behavior. Such omega-3 fats are also critical to proper brain development in the fetus, infants, and young children and even to brain functions in adults. It appears, as the old adage says, that fish is truly "brain food," says Dr. Salem.

Attention Deficit Puzzle

Youngsters deficient in omega-3 oils are more apt to have behavioral and learning problems or attention deficit and hyperactivity disorder (ADHD), according to recent research at Purdue University. Investigators Laura Stevens and John R. Burgess tested the omega-3 blood levels of ninety-six boys, ages six to twelve; about half had been identified as having ADHD. Clearly, Stevens and Burgess say, "boys with lower levels of the omega-3 fat scored higher in frequency of behavioral problems," including hyperactivity, impulsivity, anxiety, temper tantrums, and sleep problems.

Does taking more omega-3 and other appropriate fats cure the deficiency and improve ADHD behavior? Burgess and Stevens as well as other scientists in Great Britain have studies under way to find out. It seems clear that in some youngsters it does work. Dr. Salem agrees there's scientific reason for trying it. "Fatty acids in brain cells are powerful stuff," he says.

Richard's and Jay's Double Miracle

Up from Academic Failure to Graduation with Honors

When her two sons, Richard and Jay, were mere toddlers, three years apart, Jennifer Hill* recognized that they were both hyperactive and disruptive and couldn't calm down enough to play with toys and games. By the time the boys were in school, she felt they were headed for academic disaster. Richie was diagnosed with learning disabilities and was put in a special education class. Desperate, his mother tried everything, including the famous Feingold diet that cut out sugar, chocolate, milk, and food additives. It helped, but it was not totally successful.

* Note: pseudonyms are used to protect the privacy of the family.

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Reluctantly, she put eight-year-old Richard on the recommended drug Ritalin; he seemed to get worse. The younger Jay was in trouble also – “with severe temper outbursts and speech delay.” He went on Ritalin too with little success. Then Richie at age twelve “started developing severe migraine-like headaches.”

That's when a doctor friend told the Hills about two pioneering doctors, Sidney Baker and Leo Galland at the Gesell Institute of Human Development in New Haven, Connecticut. “They did all kinds of biochemical tests on Richie,” says his mother, “and found that he had a very unusual fatty acid profile. So they put him on large doses of fish oil capsules, up to 12 grams a day, and his headaches started to disappear. He also got flaxseed oil and primrose oil, which made him feel calmer and better generally.”

The doctors tested Jay and found him also deficient in fatty acids, in a slightly different way; he too, started taking fish oil capsules, the MaxEpa brand, and flaxseed oil. His mother vividly remembers how “really well it worked;” the next year Jay's scores on a national achievement test jumped from the 60th percentile to the 90th percentile. “My husband and I were so excited,” says Jennifer. It marked the beginning of a new era for the Hill family.

Richard overcame his “learning disability,” graduating third in his high school class and later with honors from a major midwestern university. He is working on a doctorate degree. Jay, too, graduated in the top 10 percent of his high school class, and was a Phi Beta Kappa at a prestigious university in California. “It just completely turned their lives around,” says their mother. “It's enough to make me cry when I think how differently it could have turned out. It could have been so disastrous if we had not found out about the fatty acid deficiencies and corrected them. It's hard to believe that a little fat can have such a monumental effect on a child's brain and behavior, but it can – we know.” Richard and Jay, now in their mid-twenties, still religiously take capsules of fish oil and flaxseed oil in relatively low doses to keep their blood fatty acids in normal balance.

About the case: At the time, fifteen years ago, when these boys' behavior was treated with essential fatty acids, virtually nothing was known about their pharmacological effects on the brain, but thanks to some pioneering doctors, who picked up on early clues in the medical literature, it was an experiment that paid off. And now scientists understand that fatty acids can affect brain cells and possibly modify behavior. Although much research needs to be done on the connection between fatty acid deficiency and the brain and behavior, for other parents with troubled children it is a reasonable possibility to be explored.

If You Want To Try Fatty Acids for ADHD

Advice from Purdue Researchers John Burgess and Laura Stevens

- First, try to determine if your child with ADHD has a fatty acid deficiency. The primary signs are: excessive thirst; frequent urination; dry skin; dry unmanageable “straw-like” hair; dandruff, small hard bumps on the arms, thighs; or elbows.
- Increase the amount of essential fatty acids in your child's diet. This includes eating more canola oil, flaxseed oil, and most importantly, more omega-3 fish oil, as found in salmon, fresh tuna, mackerel, and sardines. The precise amount, if any, of which fatty acids might help a child with ADHD is quite unclear at this point and is largely a matter of trial and error. Research is under way to find out.
- Don't take your child off a pharmaceutical drug, such as Ritalin, and substitute fatty acids without first consulting a health professional.
- Don't count on omega-3 and other fatty acids to solve your child's ADHD problems. ADHD is a complex syndrome, and treatment entails other factors, including behavior

modifications. It's also unclear how much of what type oils each individual child may need.

• *Bottom line:* If you want to try fatty acid supplements with an ADHD youngster, work with health professionals and don't stop other treatments or medications without proper medical advice....

The Safety Factor

If you want to try large doses of fish oil capsules therapeutically, be sure to check with your doctor first if you are also on other medications, especially anticoagulants, or have any serious disease or disorder. Fish oil does prolong bleeding time, although Harvard's Dr. Leaf says it is not as profound as generally thought. He points out that studies using ten grams of fish oil given with aspirin did not have a significant pro-bleeding effect. However, it is best to consult your doctor about any possible medication interactions with fish oil.

Further, high doses of fish oil can damage immune functioning unless you counteract the risk by taking 200 IU to 400 IU of vitamin E a day, according to Tufts University researchers....

Consumer Concerns

Some fears have been expressed over the possibility of excessive oxidation (cell-destroying free radicals) and environmental contaminants, such as pesticides and mercury, in fish oil capsules. However, Harvard's Dr. Leaf, who takes fish oil capsules himself, says he considers the capsules safe, in fact, safer than eating certain fish, for example, those from contaminated waters. He says responsible processors do meticulously "cleanse" the fish oils to be put in capsules of hazardous agents and add vitamin E to inhibit oxidation. (Be sure the capsule contains vitamin E, which will be noted on the label.) One way to determine a good quality pure fish oil capsule, says one industry expert, is by the light color of the oil. He suggests laying different brands of fish oil capsules on a white piece of paper and choosing the capsule that appears lightest.

One brand of fish oil capsule that has been widely used in research is MaxEpa. Another company that has a particularly good reputation within the industry for producing high-quality, pure fish oil capsules is General Nutrition Corporation.

Caution: Always store fish oil capsules, or any capsules of vegetable oils, in the refrigerator. Lower temperatures can slow down the rate at which they turn rancid; rancidity is the same as oxidation, or the generation of dangerous free radical chemicals that promote all types of chronic diseases.

Important: Too much of a type of fat called omega-6 can sabotage the benefits of fish oil. This omega-6 fat is found in vegetable oils, primarily corn oil, regular safflower and sunflower seed oil, and products made with them, such as mayonnaise, shortenings, and salad oils. Animal fat in meat and dairy foods can also overwhelm the omega-3 fat in cells, throwing things out of whack. To get the full benefit of fish oil, in food or capsules, you must also cut down on animal fats and omega-6 fats.

Why Not Cod Liver Oil?

Although some people report that their rheumatism is relieved by cod liver oil, such oil is not a substitute for omega-3 fish oil in treating disease. As the name implies, cod liver oil comes from the liver of the fish, and it does not actually contain high levels of beneficial omega-3s. The high omega-3 oil put in capsules comes from the whole body of the fish, such as mackerel, menhaden, and halibut, and is processed to have specific amounts of EPA and DHA fatty acids. Also, too much cod liver oil can be dangerous. Cod liver oil, unless it has been stripped of vitamin A and D, is very high in these fat-soluble vitamins, which can build up in the body and become toxic.

A NUTRITIONAL APPROACH TO TREATING ADHD

Hyperactivity in children need not be treated with psychostimulant drugs like Ritalin, when nutritional approaches using essential fatty acids can produce beneficial results.

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AN OVERDIAGNOSED AND OVERPRESCRIBED DISORDER

Attention Deficit/Hyperactivity Disorder (ADHD) in children is fast becoming one of the most overdiagnosed and, many would argue, overprescribed childhood disorders both in the United States and now in Britain. It is certainly one of the most fiercely debated.

In the US its incidence is estimated at 3–5%, and up to 10% if less stringent criteria are used. In the UK it is put at up to 2% of children aged 6 to 16, with some 69,000 suffering "severe ADHD" (Baldwin S., *Crit. Pub. Health* 2000;10(4):453-62).

While the diagnostic criteria (see box) are disputed, the standard treatment—especially in the US—is even more controversial. Since the 1960s, the psychostimulant methylphenidate hydrochloride (MPH)—an amphetamine-like addictive drug that mimics the biochemical properties of cocaine—has been administered to thousands of children to the point where it is now estimated that up to one in seven American children may be given the substance daily.

A similar, staggering increase in use has been recorded in the UK, where MPH is designated a class B drug (class A if it is in solution). Professor Steve Baldwin at the University of Teeside (who, tragically, died in the Hatfield rail crash last year) stated that, from 6,000 a year in the UK in 1994, the number of prescriptions by 1997 had risen 15-fold to 92,000 (Baldwin, 2000, *op. cit.*). By 1999 this had reached 131,000 (covering some 21,000 children), but this is likely to be a gross underestimation because official statistics (based on pharmacy returns) do not include all prescriptions in private practices, young offender centres or residential homes.

In France, MPH use is rare, while in the rest of Europe its prescription for minors is uncommon or unknown. However, Baldwin and colleague Rebecca Anderson estimate that if MPH prescriptions were allowed to double year-on-year, by 2007 one in seven UK schoolchildren would be taking the drug daily (Baldwin and Anderson, *Crit. Pub. Health* 2000;10(1):81-6).

Indications that drug companies have this kind of scenario in mind is evidenced by the fact that since the end of 1999 the leading manufacturer Novartis (formally Ciba Geigy and Sandoz) has lost its sole product licence for MPH (as Ritalin), and others have launched their own brand (Equasym, Medeva) while three others (Mallinckrodt Inc., Schein Pharmaceuticals, MD Pharma) are preparing products (Baldwin and Anderson, 2000, *op. cit.*). However, their plans may be severely curtailed because of a number of high-profile lawsuits against Novartis (see box) and because of increasing public and professional awareness of the potentially damaging long-term effects and, in contrast, the growing evidence of the significant benefits of nutritional and other interventions.

THE PROMOTION OF MPH DRUGS

In the US, where Ritalin was first used in 1955, Novartis and other drug companies producing similar drugs used on children, such as dextroamphetamine and methamphetamine, have been very successful in persuading psychiatrists and health authorities of the alleged benefits of these drugs despite their potential risks and contraindications.

MPH is not licensed for children under the age of six (although it is used for those as young as three) or for children with marked anxiety, agitation or tension, symptoms or family history of tics or Tourette's syndrome, hyperthyroidism, severe angina or cardiac arrhythmia, glaucoma or thyrotoxicosis. Caution is required in the prescribing of MPH

US parents sue Novartis and APA for promoting Ritalin

Two lawsuits have been filed in California and New Jersey, asserting that Novartis, makers of Ritalin, and the American Psychiatric Association (APA) conspired to create a market for methylphenidate. These follow a class action launched in Texas in May 2000 by the Dallas law firm Waters and Kraus, alleging that since 1955 and through 1996 when it merged with Sandoz to become Novartis:

"Ciba/Novartis planned, conspired and colluded to create, develop and promote the diagnosis of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder in a highly successful effort to increase the market for its product Ritalin... It has repeatedly violated Article 10 of the United Nations Convention on Psychotropic Substances, 1019 UNTS 175 (1971)."

It continued:

"The American Psychiatric Association (APA) conspired, colluded and cooperated with the other Defendants while taking financial contributions from Ciba as well as other members of the pharmaceutical industry..."

Specifically, the company is accused of:

- actively promoting and supporting the concept that a significant percentage of children suffer from a "disease" which required narcotic treatment/therapy;
- actively promoting Ritalin as the "drug of choice" to treat children diagnosed with ADD and ADHD;
- actively supporting groups such as Defendant CHADD, both financially and with other means, so that such organizations would promote and support (as a supposed neutral party) the ever-increasing implementation of ADD/ADHD diagnoses as well as directly increasing Ritalin sales;
- distributing misleading sales and promotional literature to parents, schools and other interested persons in a successful effort to further increase the number of diagnoses and the number of persons prescribed Ritalin.'

Mr Richard Scruggs, one of the lawyers in the class actions, is quoted as saying that the Defendants "manufactured a disease. It has been grossly over-prescribed. It is a huge risk." (*BMJ*, 23 Sept 2000, p. 723)

The APA issued a statement last July, saying:

"Allegations that the [APA] conspired with others to create the diagnoses of [ADD and ADHD] as part of its *Diagnostic and Statistical Manual* so that medication could be used to treat these disorders are ludicrous and totally false. The APA will defend itself vigorously by presenting a mountain of scientific evidence to refute these meritless allegations, and we are confident that we will prevail."

The US support group CHADD (Children and Adults with Attention Deficit Disorder/Hyperactivity Disorder), which strongly advocates the use of Ritalin and is mainly funded by drug firms (it received \$748,000 from Ciba/Novartis in the period 1991-94 alone), is accused of deliberately working to promote and increase the use of Ritalin, which has resulted in a huge increase in its use by children across the US, to the enormous profit of Ciba/Novartis. It is also accused of working to reduce or eliminate laws controlling the use of Ritalin in the US.

For further details, see the website www.ritalinfraud.com. [Also see "Class Action Lawsuit on Ritalin Fraud" in *DeBriefings*, NEXUS 7/06.]

for children and young people with epilepsy, psychotic disorders or a history of drug or alcohol dependence.

Proponents assert that MPH works by correcting a "brain disorder", "biochemical imbalance" or "biological dysfunction", but critics (Baldwin, 2000, op. cit.) assert that no scientific rationale for MPH prescription has ever been made explicit by its adherents (Jensen, P.S. et al., unpublished paper, Walter Reed Army Inst., Washington, 1989; Barkley, R.A. et al., *Pediatrics* 1989;86:184-92; Kewley, G., *BMJ* 1998;314:1594-5).

In November 1998, the US National Institutes of Health held a Consensus Development Conference on the diagnosis and treatment of ADHD. The 31 expert panel members (including Dr Breggin; see below) noted that no valid, reliable, independent test of ADHD exists and that there are "no data to indicate that ADHD is due to a brain malfunction" or that it might be a disease state or brain pathology (NIH, Rockville, 1998; see www.odp.od.nih.gov/consensus).

Despite this, supporters cite a large multimodal treatment study of ADHD, known as the MTA Study, which was sponsored by the National Institute of Mental Health at six separate sites (MTA Cooperative Group, *Arch. Gen. Psychiat.* 1999;56:1073-86). It compared four treatments, and proponents claim that it showed the superiority of stimulant treatment over behavioural and other treatments (although no nutritional alternative was tested).

However, one of America's fiercest critics of MPH, psychiatrist Dr Peter Breggin, of Johns Hopkins University's Education Faculty and author of *Talking Back to Ritalin* (Common Courage Press, 1998), has produced a 16-point critical rebuttal of the study that severely undermines its credibility and results (see www.breggin.com). Chief among his criticisms is that it was not a placebo-controlled, double-blind trial; the blind classroom raters found no difference in any of the treatment groups; there was no control group of untreated children; the children themselves did not rate themselves as improved; and out of 4,541 children originally screened, only 2.7% (123) completed the medication management trial.

His demolishing of the MTA Study is important. While the study lacks any evidence for MPH's efficacy, in Britain the National Institute for Clinical Excellence, which issued its Guidance on the use of MPH last October (NICE, 2000, "Technology Guidance No. 13"; see www.nice.org.uk), accepts in its assessment of any evidence the official MTA results with little critical analysis.

It refers to the study as "well conducted", when only one of the 125 listed references refers to a nutritional trial. It basically endorses the use of MPH, while acknowledging that "if improvement of symptoms is not observed after appropriate dose adjustment over one month, the drug should be discontinued". However, it does not mention that about 30% of children show no response to MPH or that up to 50% show side-effects. Baldwin (2000, op. cit.) states:

"Adverse drug reactions and side effects (more accurately described as 'main effects') from MPH include: CNS [central nervous system] sequelae, gastro-intestinal effects, cardiovascular effects, liver abnormalities, convulsions (including grand mal), drug dependency and addiction, drug withdrawal reaction, hair loss, low white blood cell count, agitation, hostility, depression, psychotic depression, abnormal thinking, hallucinations, psychoses, emotional lability, overdose and suicide [Breggin, *Ethical Hum. Sci. Services* 1999;1(1):13-33]. Paradoxically, the supposed desirable behavioural effects (including passivity, attention, reduced spontaneity) are the primary toxic effects of psychostimulants." [His italics]

The NICE Report mentions only nervousness and sleeplessness as common side-effects, and that other effects reported have been "relatively minor".

Despite the general acceptance by the US and UK psychiatric community to medicate this highly controversial disorder, there are now signs that the debate has reached a turning point with the launch of various legal actions in the US against not only Novartis but also the American Psychiatric Association for alleged fraud and corruption (see box, previous page), with similar actions apparently pending in the UK.

Now might seem an appropriate time for many MPH advocates to pause and consider non-drug treatments, specifically the growing evidence for the efficacy of nutritional and heavy metal detoxification treatments.

NUTRITIONAL APPROACHES AND INVESTIGATIONS

Essential fatty acid deficiency

Twenty years ago, Sally Bunday and her mother, Irene Colquhoun, founders of the Hyperactive Children's Support Group (HACSG) in the UK, were the first to propose that essential fatty acid (EFA) deficiency might be a factor in ADHD (Colquhoun, I., Bunday, S., *Med. Hypotheses* 1981;7:673-9). Surveying a group of hyperactive children, they found an excess of males, a link with asthma, eczema and other allergic conditions, and evidence from hair analysis of zinc deficiency. Clinical signs, such as excessive thirst, frequent urination, dry skin and dry hair, were observed that are consistent with EFA deficiency.

In the United States, a diet developed by the late paediatrician Dr Benjamin Feingold (*Am. J. Nursing* 1975;75:797-803; *Why Your Child is Hyperactive*, Random, NY, 1975) was designed to eliminate certain synthetic additives and some foods, especially fruits, containing natural salicylates, which inhibit the conversion of long-chain polyunsaturated fatty acids to prostaglandins (see below). It was very successful in reducing symptoms, and groups sprang up all across the US and remain active in promoting and researching his treatment. In the UK, groups also started and the HACSG has adapted the diet for its own use.

Considerable evidence is accumulating that deficiencies in the body's reserve or production of EFAs is a major contributory factor in a range of interrelated childhood disorders, including ADHD, dyslexia, asthma, allergies and even autism, and that supplementation is valuable in a significant number of cases (Richardson, A.J., Ross, M.A., *Prostaglandins, Leucotrienes and Essential Fatty Acids* 2000;63(1-2):1-9). The clinical overlap between ADHD and, for example, dyslexia is around 30-50% in both directions.

Fatty acids play an essential role in brain structure and function. Two of them, arachidonic acid (AA) and docosahexanoic acid (DHA), play a major role in the brain and eye, constituting 20% of the dry weight of the brain and over 30% of the retina. Two others, eicosapentaenoic acid (EPA) and dihomo-gamma linolenic acid (DGLA), are crucial for normal brain development but play a more minor, structural role.

The absolutely essential fatty acids that cannot be synthesised by the body and therefore must be supplied in the diet are linoleic acid (n-6 series, to which DGLA and AA belong) and alpha-linolenic acid (n-3 series, to which EPA and DHA belong). Both AA and DHA are termed "longer-chain polyunsaturated fatty acids" (LC-PUFAs) and can usually be synthesised from their EFA precursors. The latter are critically important as precursors of a complex group of highly biologically active compounds including prostanooids (prostaglandins, thromboxanes and prostacyclins among others) and leucotrienes. These compounds perform numerous regulatory functions in the brain and the rest of the body.

Dr Alexandra Richardson (Physiology Lab, Oxford) and B. K. Puri (MRI Unit, Imperial College, London), in their important paper summarising the evidence ("The potential role of fatty acids in attention deficit/hyperactivity disorder", *PLEFA* 2000;63(1-2):79-87), state:

"EFA metabolism can influence many aspects of brain development, including neuronal migration, axonal and dendritic growth, and the creation, remodelling and pruning of synaptic connections [Crawford, M.A., in Bazan, N.G., ed., *Neurobiology of Essential Fatty Acids*, Plenum, NY, 1992:307-14].

Animal studies have shown that both neural integrity and function can be permanently disrupted by deficits of n-6 and n-3 fatty acids during foetal and neonatal development [Yamamoto, N. et al., *J. Lipid Res.* 1987;28:144-51; Neuringer, M. et al., *Ann. Rev. Nutr.* 1988;8:517-41; Bourre J.-M. et al., *J. Nutr.* 1989;119:1880-91].

"While both n-6 and n-3 fatty acids are required, the n-3 fatty acids such as DHA appear to play a special role in highly active sites such as synapses and photoreceptors, and deficiencies have particularly been linked to visual and cognitive deficits [Neuringer, N. et al., *J. Pediatr.* 1994;125:S39-47; *Proc. Natl Acad. Sci. USA* 1986;83:4021-5]."

Research by M. Makrides and co-workers has shown that infants may benefit considerably from the LC-PUFAs naturally present in breast milk but which are absent from many formula feeds (*Lancet* 1995;345:1463-8).

Although adequate supplies of EFAs are necessary throughout development and adult life to maintain normal function—and may be available—it is the conversion of the primary linoleic acid and alpha-linolenic acid into their LC-PUFA derivatives that is crucial for proper brain function. Unfortunately, a number of factors can interfere with the conversion of these parent EFAs to their respective LC-PUFAs, including:

- saturated or hydrogenated fats
- deficiency of vitamin and/or mineral co-factors (especially zinc deficiency)
- excessive alcohol
- stress hormones
- diabetes, eczema, asthma or other allergic conditions.

Thus, even if the diet contains sufficient EFAs, the child or adult may not receive adequate LC-PUFAs due to deficiencies in

Surveying a group of hyperactive children, they found an excess of males, a link with asthma, eczema and other allergic conditions, and evidence from hair analysis of zinc deficiency.

Fluorescent Lighting can Stimulate Hyperactivity

The pioneering American photobiologist Dr John Ott drew on a range of plant, animal and human evidence in his classic work, *Health and Light* (Ariel Press, Columbus, 1973), to demonstrate how important natural light is for the health of the body and functioning of the brain, endorsing the inescapable fact that light is an essential nutrient.

Others, such as optometrist and light pioneer Dr Jacob Liberman, in his book *Light: Medicine of the Future* (Bear & Co, Santa Fe, New Mexico, 1991), and, in the UK, Dr Damien Downing (*Day Light Robbery*, Arrow Books, London, 1988; out of print), and most recently Dr Richard Hobday (*The Healing Sun*, Findhorn Press, 1999), have strongly supported this premise with a wealth of evidence and research.

By contrast, Dr Ott observed that the lack of the full spectrum of natural frequencies of light in many offices and classrooms had many adverse effects, including hyperactivity in children. Such "mal-illumination" was often caused by fluorescent lighting, which lacks the full spectrum and proper balance especially in the UV and blue/green frequencies. He reported that when fluorescent lighting was replaced by full-spectrum lighting (FSL) in classrooms, children's previous misbehaviour and hyperactivity were replaced by much calmer and more attentive behaviour. A study by M. Painter corroborated his observation and found a 32% drop in hyperactivity in children when fluorescent lights were removed from their classrooms (*Exceptional Children* 1981;47(5):352).

In 1973, a five-month study by Dr Ott's Environmental Health and Light Research Institute in Sarasota found (and filmed) dramatic change in hyperactive children. Under standard cool-white fluorescent light, children in two classrooms demonstrated nervous fatigue, irritability, lapses of attention and hyperactive behaviour. When these lights were replaced with FSL, marked improvement in behaviour began to appear, with children becoming calmer, more interested in their work and paying more attention. The results were published in a peer-reviewed journal, and similar results were obtained in experiments in two schools in California. Psychiatrist Dr Wayne London corroborated in a 1988 study in Vermont, which showed children stayed healthier during winter months, measured by a dramatic drop in absenteeism, if taught under FSL. Russian work reported by others has also confirmed that children exposed to FSL achieved higher marks, were less hyperactive and grew more quickly.

Interestingly, Dr Ott also reported that local dentists observed a 67% drop in cavities in children under similar conditions. Such findings were corroborated by a professor of dentistry at the University of Alberta, Canada, and it was also discovered that full-spectrum lighting even reversed the development of cavities (*New Scientist* 1991; 6 April, p. 13). Other studies have found that the number of cavities varied inversely with the amount of sunlight children were exposed to (*Am. J. Public Health* 1939;29:777; *J. Nutr.* 1938;15:547), an effect explained by the boosting of the photosynthesis of vitamin D (which requires UVB frequencies from the Sun), which is essential for the sufficient uptake of calcium to form strong bones and teeth.

To underline the stress that fluorescent lighting probably causes to young children's developing bodies and biological systems, the research by Professor Fritz Hollwich in Munich, as far back as 1980, should be brought to the attention of all teachers and parents of hyperactive children. Prof. Hollwich found significantly higher levels of the stress hormones cortisol and ACTH in those working under fluorescent lighting compared with FSL (*Ophthalmologica* 1980;180(4):188-97). His findings led the German government to ban the use of such lights in hospitals and medical facilities—an enlightened stand that has doubtless reduced the stress and improved the recovery of many patients, and which other governments and medical associations—not to mention all educational establishments—would do well to follow.

It is time that the above research received the attention it deserves.

conversion. In addition, individuals differ in their genetic constitutional ability to facilitate this conversion.

All the above, as well as disease factors, suggest the potential benefit of a dietary supplement of the pre-formed LC-PUFAs.

Clinical features suggestive of EFA deficiency

The higher ratio of boys to girls with ADHD is well accepted and varies from 2:1 to 10:1 (Szatmari, P. et al., *J. Child Psychol. Psychiatry* 1989;30:219-30). This is explicable using a fatty acid model, since males are more vulnerable than females to LC-PUFA deficiency (Huang, Y.S. et al., *Biochem. Arch.* 1990;6:47-54). The same level of male excess is also found in other developmental disorders that are clinically associated with ADHD, including dyslexia and dyspraxia (Stordy, B.J., *Am. J. Clin. Nutr.* 2000;71(suppl. 1):3235-65; Richardson, A.J., Ross, M., 2000, op. cit.).

An excess of minor physical abnormalities is associated with ADHD (Quinn, P.O. et al., *Pediatrics* 1974;53:742-7) and EFAs, phospholipids and their metabolites play important roles in the cell abnormalities likely to underlie them (Hughes, D.A. et al., *J. Nutr.* 1996;126:603-10). Hyperactive children have also been found to have more chronic health problems, such as asthma or allergies, than normal children (Hartsough, C.S. et al., *Am. J. Orthopsychiatry* 1985;55:190-210).

Compared with normal children, ADHD children have been found to have a higher incidence of sleeping problems including difficulty settling, waking in the night and overtiredness in the morning (Trommer, B.L. et al., *Ann. Neurol.* 1988;24:325). PUFAs play a major role in the control of sleep mechanisms and directly affect the structure of neuronal membranes and indirectly affect the dynamics of complex lipids, prostaglandins, neurotransmitters, amino acids and interleukins that are required for the initiation and maintenance of normal sleep (Yehuda, S. et al., *Med. Hypotheses* 1998;50:139-45).

ADHD children exhibit more somatic complaints than normal children, including stomach aches, headaches, proneness to infections and general malaise with no obvious cause. In one study, 24% of ADHD boys and 35% of girls between 12 and 16 fulfilled the criteria for somatisation disorder (Szatmari, P. et al., 1989, op. cit.).

Because fatty acids and their derivatives play a critical role in regulating immune and digestive functions (Alexander, J.W., *Nutrition* 1998;14:627-33), EFA deficiency is known to contribute to general health problems such as proneness to infections and digestive and related disorders.

Symptoms of depression, anxiety and low self-esteem are typical in ADHD, whose co-morbidity with other behavioural and emotional disorders is common, with up to 44% having at least one other psychiatric disorder (Szatmari, P. et al., 1989, op. cit.). Increasing evidence is appearing that n-3 fatty acid deficiency may be important in depression (Hibbeln, J.R., *Lancet* 1998;351:1213; Peet, M. et al., *Biol. Psychiatry*

1998;43:315-19), and a recent double-blind, placebo-controlled study has shown the benefits of omega-3 fatty acids on the short-term course of illness in bipolar disorder (Stoll, A.I. et al., *Arch. Gen. Psychiatry* 1999;56:407-12).

Poor motor coordination is frequently observed in those with ADHD and, similarly, "soft" neurological signs such as motor overflow movements are also relatively common (Denckla, M.B. et al., *Arch. Neurol.* 1978;42:228-31).

Movement disorders in the general population are associated with deficiencies in LC-PUFAs (Nilsson, A. et al., *PLEFA* 1996;55:83-7) and thus poor motor coordination would be consistent with a lack of fatty acids.

ADHD's observed overlap with dyslexia (see above) appears to be stronger for attentional disorder without overt hyperactivity than for the mainly hyperkinetic form (Dykman, R.A., Ackerman, P.T., *J. Learn. Disabil.* 1991;24:96-103). The shared features include particular problems in specific aspects of visual and cognitive function (Conners, C.K., in Ravidis, G., ed., *Perspectives on Dyslexia Vol. 1*, Wiley, Chichester, 1990:163-95). Deficiency in fatty acids has been proposed as contributing to dyslexia, and there is growing evidence that supplementation can help alleviate aspects of the disorder (Stordy, B.J., 2000, op. cit.).

Evidence of EFA deficiency or abnormality in ADHD

In an early study, Michell and his colleagues found lower plasma levels of DGLA, AA and DHA in 44 ADHD children compared with 45 matched controls (*Clin. Pediatr.* 1987;26:406-11).

They also found that significantly more of 48 ADHD children compared with 49 age- and sex-matched controls suffered from polydypsia and polyuria as well as health problems and language, learning and reading difficulties.

More recently, studies at Purdue University have provided further confirmation of abnormal fatty acid metabolism in ADHD. A team led by Stevens (*Am. J. Clin. Nutr.* 1995;62:761-8) found that, compared with 43 normal controls, 53 ADHD boys:

- were less likely to have been breast-fed (breast milk contains the pre-formed LC-PUFAs such as AA and DHA, whereas most formulas do not);
- were more likely to suffer from allergies and other health problems (already known to be linked with EFA deficiency);
- showed clinical signs of EFA deficiency (excessive thirst, frequent urination, dry skin and hair, and soft or brittle nails);
- had reduced blood levels of certain LC-PUFAs (especially AA, EPA and DHA) but *not* their EFA precursors;
- had an adequate dietary intake of the EFA precursors.

The results support the hypothesis of EFA abnormalities in ADHD and confirm that the problem lies in the conversion of EFAs to LC-PUFAs. Some 40% of ADHD children had a raised frequency of clinical fatty acid deficiency signs compared with only 9% of controls.

Stevens and his team also showed that both clinical signs and blood biochemical indices of fatty acid deficiency were significantly associated with the severity of reported behavioural problems and the incidence of learning and health problems (Stevens, L.J. et al., *Physiol. Behav.* 1996;59:915-20).

Another team (Bekaroglu, M. et al., *J. Child Psychol. Psychiatry* 1996;37:225-7) has reported that the mean serum free fatty acid level in 48 ADHD children was significantly lower than in 45 matched controls. A further, significant correlation was found between zinc and free fatty acid levels in the ADHD children.

Early studies of GLA supplementation showed only equivocal or modest benefits (Arnold, L.E. et al., *Biol. Psychiatry* 1989;25:222-8) probably because, as Richardson and Puri suggest (*PLEFA* 2000, op. cit.), n-3 rather than n-6 fatty acid deficiency is more relevant in ADHD and because of the short treatment duration. Recent research indicates that LC-PUFA levels in the brain may take up to three months to recover from a chronic deficiency state (Bourre, J.-M. et al., *PLEFA* 1993;4:171-80), and this must be taken into account in future studies.

At a National Institutes of Health special workshop on omega-3 essential fatty acids and psychiatric disorders, held in Bethesda, Maryland, on September 2-3, 1998, J. R. Burgess (1998) from the Purdue team presented preliminary results of a double-blind trial with ADHD children with clinical signs of fatty acid deficiency. They found that supplementation with a combination of DHA, EPA, AA and DGLA (weighted in favour of the n-3 fatty acids) successfully changed the fatty acid profile of ADHD children, from which followed reductions in ADHD symptoms.

However, another double-blind trial showed no benefits from supplementing with pure DHA (Voight, R., NIH, Bethesda, 1998). Richardson and Puri (p. 84) suggest that one reason may be that DHA alone is ineffective and that other fatty acids, especially EPA, may account for the Purdue study's positive findings. They also point to the differences in subject selection; the Purdue study selected children based on prior indications of fatty acid deficiency, while no such pre-treatment indices were used in the other, which adopted very strict exclusion criteria, excluding any co-morbidity and ensuring that the sample consisted of children with "pure" ADHD diagnoses.

To investigate the importance of EPA, Richardson is currently involved in a study of the effects of supplementing ADHD children with Eye Q (www.equazen.com), a product that contains a 4:1 ratio of EPA to DGHA. Results may be available by the end of the year.

Zinc status and colourings/heavy metal toxicity

Complementing Richardson's research on direct nutrition, work by Dr Neil Ward, in the Chemistry Department at the University of Surrey and adviser to the HACSG, and others has emphasised the critical importance of maintaining adequate zinc levels and

Deficiency in fatty acids has been proposed as contributing to dyslexia, and there is growing evidence that supplementation can help alleviate aspects of the disorder.

reducing the ingestion of additives and the burden of heavy metals (e.g., lead, cadmium, mercury) in reducing ADHD symptoms.

Early work found that zinc deficiency caused hyperactivity syndrome in rats (*Pediatr. Res.* 1975;9:94-7). Further studies (*Arch. Gen. Psychiatr.* 1981;38:714-8; *J. Pediatr.* 1994;125:691-8) showed that additives such as tartrazine (E102), one of the 15 azo dyes permitted in food, can trigger hyperactive behaviour in some children. One double-blind, placebo-controlled study by Ward and co-workers showed that in hyperactive (HA) children tartrazine could induce a reduction in blood serum and saliva zinc levels, with an associated increase in urinary zinc output (*J. Nutr. Med.* 1990;10:415-31). This change was related to deterioration in behaviour and emotional expression.

In a further study of HA children, Ward confirmed that the former had statistically lower zinc and iron levels compared to controls for blood, urine and washed scalp hair (all $p < 0.001$) (*J. Nutr. Environ. Med.* 1997;7:333-42). HA children known to react to synthetic colouring showed a significant reduction in their blood serum zinc levels and an increase in urinary zinc output in response to ingesting either tartrazine or sunset yellow (E119). Many HA children also showed significantly high levels of aluminium, cadmium and/or lead in their urine or hair. Raised aluminium levels are associated with antisocial behaviour in children (*Biol. Trace Elem. Res.* 1986;11:5), while cadmium has an adverse effect on brain metabolism, particularly a depres-

sive effect on levels of norepinephrine, serotonin and acetylcholine (Ward, 1990, op. cit.).

Moderate zinc deprivation in prepubertal monkeys has been found to adversely affect their performance in visual attention and short-term memory tasks, without affecting growth rate and without any overt signs of zinc deficiency (Golub et al., *Am. J. Clin. Nutr.* 1994;60:238-43). Zinc deficiency can cause a hyperadrenal condition (*Physiol. Behav.* 1979;22:211-5), and adrenergic and dopaminergic system dysfunction have been implicated in ADHD (Kaplan, H. et al., *Synopsis of Psychiatry*, 7th ed., Williams & Wilkins, Baltimore, pp. 1063-8). It may also be associated with a reduction in melatonin secretion (*Int. J. Neurosci.* 1990;52:239-41), which, in turn, would lead to a reduction in serotonin secretion, which is known to be linked to aggressive behaviour.

In his most recent paper (*Nutrition Practit.* 2000;2(2):43-5), Ward summarises the evidence for the benefits of diet and trace elements and reports a study of supplementation on ADHD children. Of those given either dietary modification involving elimination, trace elements (zinc, iron and selenium) or EFA, or a combination of trace elements and EFA, the "most dramatic improvement" occurred in those on the combination, in terms of blood serum and hair levels and reduction in behavioural problems over a 10-week period. In a further, as yet unpublished, study, he found a progressive decline in blood zinc levels in four children using Ritalin over a 12-month period.

Given that zinc is an essential co-factor in over 100 enzymes and particularly in the conversion of EFAs to LC-PUFAs, zinc status and appropriate supplementation, plus assessment of synthetic food additives and heavy metals, would seem of primary importance in treating ADHD children.

CONCLUSION

The work of researchers like Dr Alexandra Richardson and Dr Neil Ward point irrefutably to two prime causes of the symptoms associated with ADHD. Given the paucity of evidence for any long-term benefit from MPH, its primary toxic effects and the first report that early MPH treatment in minors does correlate with later stimulant abuse in adulthood (Lambert, N., Hartsough, C., *J. Learn. Disabil.* 1998;31:533-44), it seems only common sense first to assess the nutritional status and heavy metal burden of any presenting child, correct it and observe any improvements in behaviour before considering any highly potent drug therapy. Environmental factors, such as fluorescent lighting, should also first be eliminated.

Let the advocates of MPH remember Hippocrates' primary command: "First, do no harm." He might have added, "especially to children".

Environmental factors, such as fluorescent lighting, should also first be eliminated.

Diagnosing ADHD

ADHD is defined by the "core" signs of inattention, hyperactivity and impulsiveness, according to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM, 4th edition, 1994)*, and is known as "hyperkinetic disorder" in the 10th revision of the *International Classification of Diseases (WHO, Geneva, 1992)*.

There are three subtypes of ADHD:

- combined type, with signs of inattention and hyperactivity/impulsivity;
- predominantly inattentive type, with inattention but not hyperactivity/impulsivity; and
- predominantly hyperactive/impulsive type, with hyperactivity/impulsivity but not inattention.

The diagnostic criteria further require that:

- the signs have persisted for at least six months to a degree that is maladaptive and inconsistent with the developmental level of the child;
- there must be clear evidence of clinically significant impairment in social or academic functioning;
- some impairment is present in two or more settings (usually at home and at school);
- some of the signs that caused impairment were present before the age of seven; and
- the signs do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia or other psychotic disorder and are not better accounted for by other mental disorders (such as depression or anxiety).

The diagnosis of hyperkinetic disorder (HKD), sometimes used by UK clinicians, defines a subgroup of ADHD. HKD requires the presence of all three core signs: inattention, hyperactivity and impulsiveness. It also requires that all of the core symptoms were present before the age of seven years, are pervasive (present in two or more settings) and cause impairment. HKD is broadly similar to severe combined-type ADHD.

Continued on page 73

Resources and Books

Pre-Sleep Tapes, guided by Charles Thomas Cayce, former president of A.R.E., child psychologist, grandson of the late Edgar Cayce

According to Edgar Cayce, your child's subconscious mind is a creative resource that does what it is told to do. It is most open to instruction during "pre-sleep" – that 20-minute time period just prior to sleeping. You can actually help your child reach full potential by harnessing the power of the subconscious to achieve goals and develop positive feelings of self-worth. Designed for children of all ages, these tapes can be played as they fall asleep. The images and suggestions will relax them, as well as enhance their development. There are no hidden subliminal messages in these tapes, only a safe and effective method of working with the power of suggestion.

Staying Happy and Calm: The suggestions have been carefully designed to calm hyperactive children as well as any child who is nervous or easily excited. The program on this tape will help your child:

- Channel excess Energies
- Learn to relax and stay calm
- develop inner peacefulness

Through this program, children can begin to use their abundant energy in positive and constructive ways.

Enjoying Learning: At school and at home, opportunities to learn abound for children who are receptive to new ideas. This tape offers encouraging suggestions designed to help your child:

- Build self-confidence as a learner
- Be open to new experiences
- Learn to enjoy challenges
- Be patient when learning is hard

You can give your children no greater gift than helping them to experience the joys of discovery and learning.

Night is All Right: This comforting and light-filled tape will help any child release the fear of the dark. The suggestions will instill a new way of looking at the nighttime through:

- Soothing music for relaxation
- Suggestions that sleep is natural
- A healthy attitude toward dreams

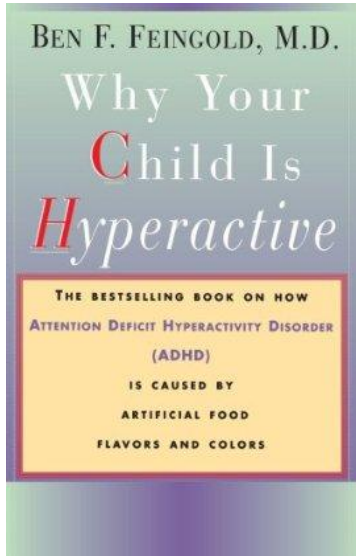
With a new understanding of the purpose of sleep and the real meaning of "light," this tape can help anyone who is afraid of the dark.

Getting a Good Night's Sleep: Troubled by insomnia? Do thoughts of the day's stress keep you up at night? Then let the soothing sounds and suggestions of this tape help you:

- Become drowsy so you can fall asleep
- Free you from the days concerns
- Release the stress that robs you of sleep
- Achieve a sound, restful sleep

Available for sale from the A.R.E. Library - \$10 each

Edgar Cayce Readings copyright 1971, 1993-2010 by the Edgar Cayce Foundation



The Feingold diet is a food elimination program developed by Ben F. Feingold, MD to treat hyperactivity. It eliminates a number of artificial colors and artificial flavors, aspartame, three petroleum-based preservatives, and (at least initially) certain salicylates. There has been much debate about the efficacy of this program. Some mainstream medical practitioners deny that it is of any value, while other medical practitioners, as well as many people living with ADHD and parents of children with ADHD, claim that it is effective in the management of ADHD as well as a number of other behavioral, physical and neurological conditions including salicylate sensitivity. The debate has continued for more than 30 years, involving not only consumers and physicians, but scientists, politicians, and the pharmaceutical and food industries. Dr. Feingold was a pediatrician and allergist, and was considered a pioneer in the fields of allergy and immunology.

First recorded case

Since the 1940s, researchers world-wide had discussed cross-reactions of aspirin (a common salicylate) and Tartrazine (FD&C Yellow #5). Dr. Stephen Lockey at the Mayo Clinic and later Dr. Feingold at Kaiser, found that eliminating both salicylates and synthetic food additives from patients' diets eliminated not only allergic-type reactions, but also behavioral changes in some of their patients.

The first clear case for Dr. Feingold was an adult patient referred to him for treatment of her severe hives in 1965. Typical treatments had not worked for her. Dr. Feingold placed her on a low-salicylate diet with no synthetic coloring or flavoring. Soon her hives were gone, and the patient was happy.

Ten days later, however, her psychiatrist called Dr. Feingold to ask, "What did you do to my patient?" She had been receiving treatment for a personality disorder for years, but in less than two weeks on the diet, her behavior had noticeably improved. Both doctors were puzzled. Dr. Feingold asked his staff to watch for other patients who did not respond to standard treatments. He suggested the diet regimen to them, and sometimes it worked. As more reports of behavioral improvement came in, he began to use the diet for people - especially children - with behavioral problems as well as allergy, and eventually found the diet often worked for children with behavioral problems even without allergy symptoms....

Later, as this diet became more well-known for helping hyperactive and learning disabled children, the media dubbed it the "Feingold diet."

Early use of the K-P/Feingold diet

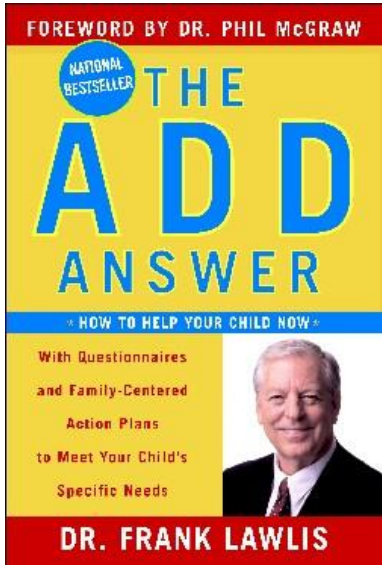
In his early work with children (and adults) who suffered from what was then called "minimal brain dysfunction" (MBD), Hyperkinesis, or Hyperkinesis-Learning Disability (H-LD), Dr. Feingold found that response was variable, depending on the age of the child and the presence or absence of a history suggestive of neurological damage. In 1976, he reported that in five separate programs, totalling 360 children managed with the K-P diet, 30% to 50% of them showed favorable responses and could be removed from medication.

In 1977, Dr. Arnold Brenner published a study he had begun with the intention of disproving Dr. Feingold's claims. Of 32 children who had been under various medication treatments for years with poor success, and who were now put on the K-P diet, 11 (about 33%) were "markedly improved." Surprised, Dr. Brenner wrote that "the startling changes in patients who had been followed for years with other forms of therapy suggest strongly that this improvement was genuine." Although 33% does not appear to be a high rate of success, these were children who had already tried everything else - they were what is called "medication failures."

In the beginning, Dr. Feingold did not eliminate the preservatives BHA or BHT. By 1979, he reported having treated over 600 children with the diet, and that his success rate had risen to 60-70% once he had begun eliminating the preservatives as well. At that time TBHQ and aspartame, which are eliminated today, did not yet exist.

See: http://en.wikipedia.org/wiki/Feingold_diet and <http://www.feingold.org/>

HYPERACTIVITY CIRCULATING FILE



An inspiring and essential guide, The ADD Answer gives parents the tools to reclaim their central role in healing their child. Dr. Lawlis' breakthrough solutions will help parents create an individualized, effective treatment strategy, and bring families closer together than they ever thought possible.

The ADD Answer offers advice and methods on:

- The role of nutrition
- Environmental modifications and bio-cleansing
- Advances in biofeedback and neurotherapy
- The positive effects of counseling and goal-setting
- Crucial strategies to improve sleep
- Getting effective help from schools, therapists, friends and family
- The importance of engaging the family's beliefs and faith, and much more

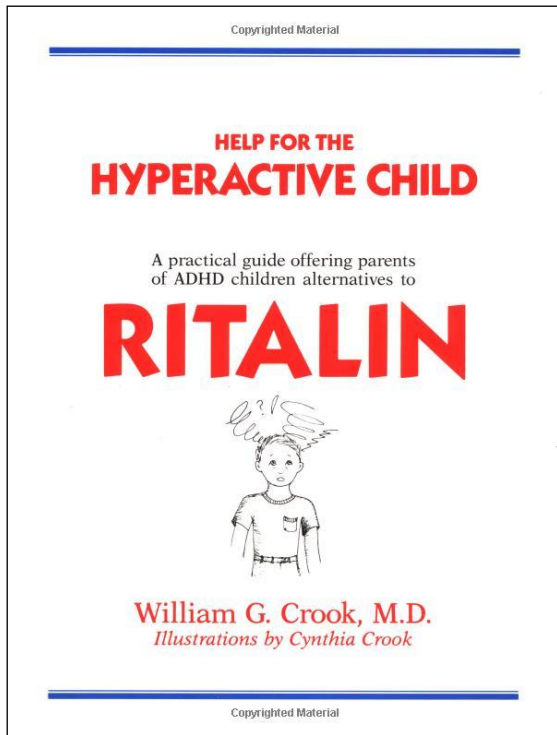
"Most treatment plans for ADD focus too heavily on drugs, which can have unknown effects. Dr. Lawlis's book is an essential resource for parents because it brings to light all of the proven alternatives. I highly recommend it." --Larry Dossey, M.D., author of *Healing Words and Reinventing Medicine*

[For excerpts: <http://www.theaddanswer.com/theaddanswer.htm>]

Other articles:

1. The Myth of ADD and ADHD: True Causes of Attention Deficit Disorder and Hyperactivity: http://www.sunherb.com/myth_of_add_and_adhd.htm

2. The Myth of Attention Deficit Disorder:
http://www.thomasarmstrong.com/myth_add_adhd.htm



***Help For The Hyperactive Child:
A Practical Guide Offering Parents Of
ADHD***

by William G. Crook, M.D.

"Provides clear guidance in dealing with the three most important questions faced by hyperactive/inattentive children, their parents, and the professionals who care for them:

1. Should we look for nutritional and environmental causes?
2. Where do we begin?
3. How do we find solutions which are easy to stick with?" by Sidney MacDonald Baker, M.D.

<http://www.all-natural.com/crook.html>

If your child is bothered by . . .

- Attention deficits with or without hyperactivity (ADHD)
- Dyslexia and/or other learning problems
- Behavior problems
- Irritability
- Poor self-esteem
- Recurrent ear infections
- Allergies—especially food sensitivities

This book could change your child's life and thus your own.

Easy to read and understand, *Help for the Hyperactive Child* is charmingly illustrated, comprehensive, yet concise. This wonderful book will enable parents and professionals to help children with hyperactivity, learning disabilities and other problems without resort . . . in most cases . . . to medication.

"An excellent guide . . . for the parents of any child. Simple, concise presentation, plus illustrations, make for easy reading and sound instruction."

George M. Wheatley, M.D.
Past President, American Academy of Pediatrics

" . . . Will provide significant help for parents and professionals who work with inattentive and/or hyperactive children."

John A. Wacker
Former Member of the National Board for the Association
for Children with Learning Disabilities

"What Dr. Crook describes in this book works! . . . This information can save parents toil, tears and treasure."

O. Jack Woodard, Jr., M.D.
Certified in Psychiatry by the American Board
of Psychiatry and Neurology

Other Books:

1. *The Autism & ADHD Diet: A Step-by-Step Guide to Hope and Healing by Living Gluten Free and Casein Free (GF/CF) and Other Interventions* by Barrie Silberberg
2. *Natural Treatments for ADD and Hyperactivity* by Skye Weintraub, N.D.