

## ADD/ADHD ---- MAYBE NOT

For the last 15 years or so the “ADD/ADHD” label has been the popular medical description attached to a number of difficult symptoms appearing, especially, in school age children. These symptoms included, among others, distractibility, difficulty in focusing, fidgeting, generally paying attention to the surroundings rather than the task at hand, especially as it related to male students. The female “problem” students would also display distractibility but would then tend to withdraw and were often “labeled” dissociative, another medical term. Because the females would be less disruptive, overall, the males received the majority of the focus.

Distinctive medical research published by Dr. Bruce Perry, MD, PhD, and his team, brought exacting new light to this problem BUT has been largely ignored by the overall medical and societal communities. The most likely reason for this exclusion is the overwhelming literature furnished by large drug companies invested in medications addressing this “excitability”.

What if the initial label of “ADHD” is not quite accurate? What if we have been overlooking an even more serious situation in the brains of these children, and young adults? What if we fail to properly address pointed issues in these developing brains, and minds? The result may well be a generation or more of adults with untreated brain chemistry problems which may set them up for ongoing serious difficulty dealing with life issues presented to them, as they are to us all.

Drawing briefly from Dr. Perry’s work we need to become aware of the actual happenings in the developing brains of young children. First, we must realize that children are not particularly “resilient” in the face of turmoil and trauma. They do not just “bounce back” from stress and worry presented by the struggling family. Even though they may be unable at the early age to understand the intricacies of all the issues confronting survival by the family their brain “knows” that a threat is present, picks up the stress and tension in the environment, and goes about what it is supposed to do to ensure survival, it aggressively programs a “fight or flight” response into the areas of the brain necessary for survival. In addition, the “memories” of all the sensory issues related to the trauma are captured for ongoing reference if similar environmental events “line up” with previously stored patterns of previous threats to survival. This means that anything we see, hear, smell, taste, or touch that triggers similar patterns associated with previous trauma will AUTOMATICALLY initialize a “fight or flight” response, even though the current surroundings may have no relation to a real threat. When the brain is in a “fight or flight” mode, especially in males, there is no “sitting still, focus on what is in front of you” for the individual so programmed. Sitting still means danger may overtake us, may be fatal. In the case of the female student confronted with some aspect of sensory input that mirrors any trauma she may have experienced as a young child she initially exhibits a “startle” response (looking around excitedly, not focused on what is in front of her) and then, due to a release of certain brain chemicals she “turns inward” to a more calm, safe, setting in her mind. This has allowed the females to survive in the face of life threatening events and ensured the survival of the species. Today we mistakenly “label” this young

female student “dissociative” and attempt to medicate her for more appropriate interaction in her surroundings. How sad.

Sad because we are not incorporating the valid understandings of what may actually be happening but force our next generations to be overmedicated.

What if these children had been exposed to the worry and strife of families trying to survive today? What if their survival had been threatened with the loss of a home to foreclosure (which they would not understand but would still experience)? What if these children had been exposed to fighting between parents, physical abuse by one parent or the other? What if these children had been exposed to arguments about how to pay the bills, how to buy enough food, how to get new clothes and shoes? What if these children had been exposed to parents discussing the loss of jobs, or the likelihood of separation or divorce? Do you suppose any or all of these issues would be construed by their developing brain as “threats to survival”? OF COURSE THEY WERE!

As these children grew they became more and more aware of the constant threats around them and, each time one of these threats lined up with previously stored patterns associated with recollections of trauma, they were automatically put under the chemical influence associated with survival. As Dr. Perry has said, “these children became constantly “hypervigilant”. Constantly scanning their surroundings for threat, always ready to run or fight, or withdrawing into their own safe, internal world. These reactions were appropriate in certain situations but not “appropriate” in a classroom setting. The problem was these children received sufficient sensory input, something they heard, saw, smelled or touched, that triggered automatic reactions over which they had no control.

Many of us have experienced, and many have observed, some people reacting aggressively when their brains received sensory input reminding them of threatening situations they faced. Women who have been attacked have been seen to recoil in situations when they hear, see, or smell something that triggers memory of the trauma, even though the current situation has nothing to do with the traumatic event. Women have told us that when this happens they are able to “retreat in their minds to a safe place”, just as they did during the traumatic initial event.

It is time we move toward correctly identifying possible situations for these children, and adults, which bring about the distractibility et al now labeled “ADD/ADHD” and seek to deal with the probable real issues and brain chemical difficulties. These persons most likely are suffering the long lasting effects of various stressful events and should be approached entirely differently than current “labeling”. If we just become aware of what has likely happened, work to help these children and adults acknowledge and then dampen these traumatic memories, as well as help repair the brain chemistry depleted by the stress and trauma they can overcome these issues and interact appropriately.

NeuroGenesis has, for years now, provided nutritional supplements formulated specifically to help with deficiencies caused by trauma and stress. This pre-cursor loading of specific amino acids, vitamins and minerals, has been shown to improve the

diminished calming chemistries, help with overall balance of the chemistry associated with trauma and loss and allow the individual to more effectively deal with the situation confronting them. Studies done by scientists at NCI, and others, have validated the fact that trauma and stress dramatically depletes the chemistries necessary to allow the individual to remain calm and focused during stressful times.

NeuBecalmd, for instance, has been used since the mid 1980's and post respective reports by consumers as well as health care providers incorporating this in their arsenal of treatment approaches have validated that helping rebuild lost chemistry through proper supplementation does indeed work.