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# **The “impossible child“**

**The naturopathic treatment of  
Attention Deficit Hyperactivity Disorder (ADHD)**

**by H.-D. Bartels, Naturopath**



“You’re being absolutely impossible and unbearable today again!“ More and more frequently, we hear children being told things like this. The problem may be minor or severe, is labelled in different ways and is caused by a wide variety of factors. Parents, nursery school carers, schoolteachers and paediatricians are increasingly being confronted by these phenomena, often helpless and sometimes overstretched.

### **Yesterday and today**

The proportion of children affected has risen rapidly during the past few decades. Today, in Germany around half a million children are affected by behavioural disorders which can be classed within this picture. Among boys, the proportion is 80%. It is they who cope least with these disorders and, if untreated, they often slide into addiction or delinquency. The phenomenon is labelled as hyperactivity or Attention Deficit Hyperactivity Disorder (ADHD) and is difficult to define.

In SANUM-Post No. 55/2001, I presented my practical knowledge with regard to the problems of addiction. Here, I should like to lead on to an area of work in medicine based on empirical knowledge to which naturopathic therapists still pay far too little attention and which they mainly ignore. We owe it to our children to offer them alternatives to the normal forms of treatment with psychopharmaceutical drugs.

In two years, the sales of “psycho pills“ has risen in Germany by 300%. In self-help groups, people are being advised more and more to go down this route. The situation

has been aggravated even further by a new fashion wave from the USA. Pills used to treat inhibitions, shyness or self-consciousness are making enormous profits and are a preferred prescription for children. Also appearing in increasing numbers are “social pills“ which, like psycho-pharmaceutical drugs, can have serious side effects and in certain circumstances lead to addiction. In our “pushy“ society, shyness can count as a health risk.

“He dashes and clatters, he wriggles and jiggles“: back in 1844, that is how neurologist Heinrich Hoffmann described Fidgety Philip, Cruel Frederick and Disobedient Pauline in his book “Struwelpeter“. So we are not being confronted with a new phenomenon. The journey from the steam engine to the Internet and a good many facets of our almost unlimited affluence have played their part in increasing the number of children who have gone off the rails. In almost no other area is the importance and causality of the milieu for illness and good health so obvious. Therefore, let me say that what we need in this situation are the basic principles of therapy according to Professor Enderlein. Milieu and cognitive realignment therapy can be used particularly effectively, but it is necessary for those affected (i.e. children, parents and therapists too) to really work together on the basis of their internalised knowledge. At this point I want to quote from Prof. Enderlein: “Disorder and suffering are caused not by a huge variety of diseases, but by the acidity of the blood as a result of a bad lifestyle and diet!“

“Make children strong!“ say the addiction therapists. That will happen only if we create a healthy milieu in every area, i.e. body, soul, spirit and environment.

### **The great variety of symptoms**

Children who display behavioural problems are an indicator nowadays for a far-reaching, very complex phenomenon in our society with controversial approaches to therapy and without any patent cures. 40 years ago, only about 1-3% of children displayed behavioural problems in school classes, but today the number this figure is 10 – 12 %.

The picture of the ADHD child is distinguished by the basic phenomena of hyperkinesis, concentration disorders, a raised level of distractibility, learning disorders and psychomotor agitation. The child’s perception and ability to process and memorise information may be disturbed. The following symptoms can be observed:

- not completing tasks
- not persevering
- not being able to listen properly
- forgetting things quickly
- not learning from past mistakes.

The following facultative disorders may occur:

- impulsiveness
- anger and aggression
- dissocial behaviour
- emotional deficits
- not allowing him-/herself to be touched
- social isolation
- nail-chewing, bed-wetting
- depression
- sinusitis, asthma, neurodermatitis, allergies, mycoses.

These children frequently have a high IQ, cried constantly as infants, were obnoxious when they were at nursery and are the class clowns at school. Their handwriting is often very uneven and this can be used as a parameter in monitoring the effects of treatment.

<u>LATENT ACIDOSIS</u>	
	➤ TIREDNESS
	➤ ABNORMAL FATIGUE
	➤ FEELING UNWELL
	➤ INNER TURMOIL
	➤ DISTURBED SLEEP PATTERN
	➤ HEADACHES
	➤ POOR CONCENTRATION
	➤ HYPOTONIA
	➤ STOMACH PAINS
	➤ SKIN REACTIONS
	➤ CARIES
➤ RHEUMATIC PAIN	

H.-D. B.

Latent acidosis can also be a pointer with its symptoms.

### Searching for the causes

There are numerous theories and hypotheses regarding the causes of the occurrence of hyperactivity and the accompanying symptoms. They come and go according to fashion. Here is a brief summary of the best-known theories:

The concept of “Minimal cerebral Defect” (McD) was coined first in the USA. In the first instance, neonatal stress was made responsible, along with lack of oxygen and the side-effects of oxytocic agents. The damage was regarded as hardly treatable.

The physician and nutritional scientist Dr. Feingold put the symptoms down to synthetic additives, the production of food on an

industrial scale and environmental poisons. He introduced exclusion diets and partially unbalanced forms of nutrition.

In Germany, it was pharmacist Hertha Hafer in particular, herself the mother of a hyperactive child, who went in search of causes and possible forms of treatment. She mainly put the blame for children going off the rails on phosphates in food and developed a nutritional programme for the so-called “phosphati”. She accepted psychopharmaceutical drugs and other “acid shockers.”

Dr Eggert regarded cow’s milk, cheese, wheat, chocolate and citrus fruits as the main culprits and with this theory came very close to opinions held today. He drew up the oligoantigenic (food avoidance) diet.

As regards causes, my practical experiences show that milieu derailments in the areas of blood and intestine are to the fore. Liability of

<u>? CAUSES ?</u>	
➤	GENETIC INHERITANCE
➤	UPBRINGING
➤	ENVIRONMENT
➤	CEREBRAL METABOLISM
➤	LIFESTYLE
➤	NUTRITION
<b>Faulty nutrition – lack of vital substances</b> <b>Lack of water</b> <b>Lack of movement</b> <b>Sleep deficit</b>	
<b>Liability of the:</b>	
➤	acid-base balance
➤	blood sugar level
➤	intestinal flora

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the acid-base balance, the electrolyte balance and the blood sugar are involved to a significant degree. There are similar relationships as found in addicts. The wrong sort of food or a lack of it, fast food, nutritional phosphates, addiction to sugar and the use of social drugs at an early age contribute to the aggravation. We should also not forget lactose intolerance, which occurs considerably more frequently than we might suppose.

The problem is again shown clearly in all the important physiological functional processes, ultimately putting strain on the cerebral metabolism and thus, on cerebral functions during defective work. Facilitation of the manifestation of the breakdown or addiction occurs as a result of milieu derailments and functional disorders. The actual programme runs in the brain. That is where the switch is made from green to red.

If the intestinal milieu is derailed as a result of a change in the pH value, too much protein and a shift in the composition of the intestinal flora, this can result in excessive production of ammonia. In consequence, the blood and liver are put under stress. If the liver – the base depot – is exhausted as a result of constant strain, the central detoxification organ of the metabolism can no longer work properly. As a result, ammonia enters the cerebral metabolism and can lead to symptoms of breakdown.

Conventional medicine therefore uses lactulose as an intestinal remedy in chronic liver diseases, particularly hepatic cirrhosis. The

strains of bacteria are stimulated by this indigestible sugar to consume the ammonia. In this way, it is possible to prevent impairment of the cerebral metabolism.

As I explained in a contribution to SANUM Post 55/2001, a labile blood sugar level – often present in ADHD children – leads to a roller-coaster effect in the blood sugar. The result of this is serious mental disorders caused by the blocking of the neurotransmitter functions by serotonin and dopamine. As a result, organic deficits become psychogenic.

The acid-base balance also takes on a major role. So migraine patients, for example, feel really well before an attack. Only the change-over of the blood to the base side as a protective measure by the body against the flow of acid leads to the unbearable pains. The superficial solution to this, but one which has disadvantages, is to take acid shockers such as aspirin or real (not instant) coffee. The patient is brought back to a state where the acid levels are higher at the expense of the body's own base depots, in particular the liver and the connective tissue. This irritates the

suprarenal gland, thyroid and cerebral metabolism.

If the milieu for the electrolyte balance deteriorates as a result of lack of minerals, or if the milieu for the basic regulative system deteriorates as a result of an overload of free radicals or toxins, under certain circumstances the brain – an extremely sensitive organ – will react with symptoms of breakdown or deficits.

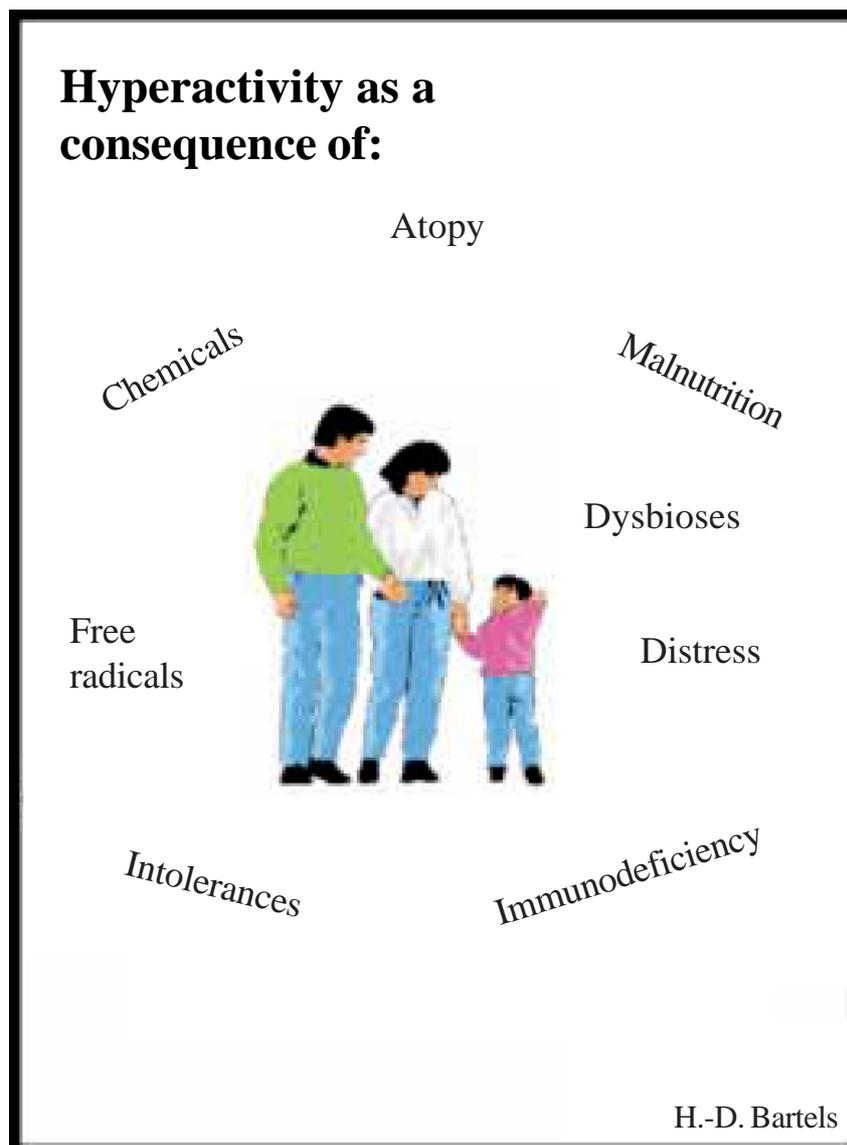
Insidious dehydration can already be present in young people in this time of New Age drinks. Resulting from lack of pure drinking water, this leads indirectly to decreased activity on the part of the brain.

Our hyperactive patients can therefore be at the mercy of a number of different strains. From the knowledge and facts which have already been demonstrated over a long period of time the conclusion is inevitable: there has to be a holistically oriented diagnosis and form of treatment which will also strengthen the body's ability to adapt and to regenerate itself.

#### Possible means of diagnosis

The explanations of the causes call for a large variety of ways of making a diagnosis. Here, I shall emphasise only those procedures which are particularly relevant to ADHD:

- Medical history of the patient and his/her family
- Nutrition and social environment
- Questionnaire on the distinctive features
- Tongue, nails and teeth
- pH value of the saliva and urine (daily profile)





- Glucose tolerance test and liver values
- ELISA test
- Psychological and neurological examination

Limitation: affective disorders, mental handicap, psychiatric illnesses, serious faults in upbringing, consequences of immunisation.

### Treatment concepts and practical knowledge

In Germany, the hyperkinetic syndrome and its treatment were described in concrete terms for the first time in 1984 by the pharmacist Hertha Hafer, following the earlier appearance in the USA of specialist forms of treatment. Over the course of the decades, the various attempts at therapy have been just as varied and contradictory as the explanations of the causes. This has resulted in the conclusion that in this clinical picture one is definitely dealing with an event caused by a multiplicity of factors. As usual, on the one hand, there developed dubious symptomatic forms of treatment, and on the other hand, causal

therapies, some of which are unpleasant.

In the USA, specific psychopharmaceutical drugs which at the same time had a psychoanaleptic effect became the front runners for the treatment of ADHD children and hippies, for these drugs improve the transmission of signals within the brain and serve to restore the disturbed chemical balance. As a result, the actual causes are ignored and bad side-effects are accepted as inevitable.

In Germany too, 586,000 packages of these drugs were prescribed in 1997, the tendency continuing upward. The dosage threshold was raised from 400 mg to 1500 mg. The following warnings and side-effects (selected) are shown on the leaflet enclosed in the package:

- Impairs reaction times and interferes with sleep patterns
- Withdrawal symptoms occur if the patient suddenly stops taking the medication
- Loss of appetite, bulimia
- Caries, base deficits

The drugs referred to are acid shockers which put strain on the liver. In addition the paradoxical use of stimulants to calm the patient conceals the danger of addiction arising. Psychopharmaceutical drugs cannot therefore be the solution.

The low-phosphate diet recommended by Ms Hafer accompanied by the use of antiphosphate remedies, brandy vinegar and real coffee as acid shocker also leads to serious strain, damage and deficient nutrition. If necessary, psychopharmaceutical drugs are tolerated as an accompanying measure. Forms of therapy and/or diets as recommended by Feingold or Eggert lead rather more in the right direction, but they only address some of the causes.

### Treatment of the causes and holistic medicine

A broad palette is available for this. Exactly because in hyperactivity and variants of this one is dealing with an event caused by a multiplicity of factors, therapists need to be flexible and understanding in their selection

### BLOOD AND MILIEU

Excess protein and hyperacidity



**Optimum diet and pH value**  
Red blood corpuscles fully mobile and adaptable

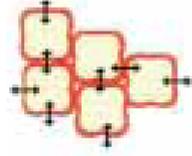


**EXCESS PROTEIN = HYPERACIDITY**  
Formation of fibrin strands

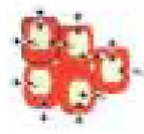


**„THICK BLOOD“**  
Agglutination in lumps/rouleaux - lack of movement and stiffness  
Circulatory disorders (capillaries)

### Metabolism and protein deposits



Cell walls normal  
**Metabolism** active



Cell walls greatly thickened  
**Metabolism** lethargic

HDB



of methods and remedies. Here too, no one case is the same as any other.

The main focus of my good experiences lies in the area of microbiological symbiotic therapy, i.e. isopathy, immune therapy, biochemistry, homeopathy, phytotherapy and a change of diet.

In-depth discussion should always be part of the obligatory family therapy. It is less meaningful to talk about findings, convictions and prohibitions. To help the patient's understanding during the conversation, it is always helpful to draw sketches of the biological events. In this way, an explanation of the formation of "rouleaux" in the darkfield microscope image or the formation of protein depots in the cells with the consequences of this can lead to better understanding. The child and his/her parents have to cooperate on their own responsibility. In particular these preconditions are necessary for the correction and change of lifestyle and diet.

### **A pre-condition for successful symbiotic therapy is the cleansing of the biological, mental and social milieus**

Our task as therapists lies predominantly in the biological area. This also includes things we take for granted such as sufficient light, air water and movement. Unfortunately, many parents no longer take these things for granted with regard to their children.

The therapeutic measures cover:

- Regulation of the blood symbiosis (monitored using darkfield microscopy)

- Intestinal cleansing, stabilisation of the intestinal flora
- Stabilisation of the blood sugar level
- Adjustment of the acid-base balance
- Regulation of the electrolyte balance
- Activation of the basic regulatory system
- Stimulation of the immune system.

The company SANUM-Kehlbeck offers a range of products for use in this area including the isopathic remedies MUCOKEHL, MUCEDOKEHL, FORTAKEHL, NIGERSAN, PINIKEHL and particularly for children SAN-KOMBI drops to be rubbed into the skin around the navel.

SANUVIS and CITROKEHL in tablet form are suitable for controlling the milieu, the acid-base balance and the metabolism.

The bacterial immune modulators bring good results in the regulation of the constitution, defence mechanisms and ability to adapt. One should emphasise that LATENSIN capsules do not only activate the immune system but also give a boost to the psyche. They help many children to emerge from social isolation.

PINIKEHL and MUSCARSAN tablets have been prescribed for addiction to sugar and other addictions with success.

Where the patient is agitated, ZINKOKEHL or Zincum valerianum 4X have a calming effect and regulate many enzymes. Lack of

drive can be alleviated with Glandula supranalis comp. (from Heel).

Any fungal infections that occur can be controlled using EXMYKEHL suppositories, ALBICANSAN, PEFRAKEHL and FORTAKEHL. Worms – often not recognised – should be treated with the iso-complex remedies W 1 and St 10.

When making alterations to the diet, and if there are relapses MUSCARSAN, MUCEDOKEHL and OKOUBASAN can be helpful. Bicarbonate of soda, green clay or ALKALA N and T as required.

"Music plays in the belly, but the head conducts!" In order to treat ADHD and its variants successfully, the creation of a good milieu by correcting the diet is indispensable. This is where difficulties begin, which can only be solved by the involvement of the family. The ADHD child needs a network of carers from the fields of experiential medicine, psychotherapy, medicine and education.

The following items in the diet put a particular strain on the organism:

- proteins from cow's milk and hens' eggs (Werthmann)
- ready meals and part-baked products
- fast food and junk food
- instant products, preserved food
- smoked and pickled foods
- phosphates, sulphates, citric acid
- sugar in any form, sweeteners
- heated fats and corresponding dishes
- drinks containing caffeine, alcohol



### **Causing particular strain:**

**Ready meals and part-baked product**

**Fast food and junk food**

**Instant products**

**Preserved food**

**Smoked and pickled foods**

**Microwaved meals**

**Cut out the wave of sugars!**

Preference should be given to:

- a wholesome diet including many base carriers
- potatoes, vegetables
- cereals, pulses
- cream, butter
- beef, lamb, fish
- drinking water without additives
- Helosan tea; blackberry, raspberry and sage tea

The milk- and chicken protein-free diet recommended by Dr. K. Werthmann and the six-week low-protein diet recommended by Prof. Dr. L. Wendt and Dr. A. Baum are both very helpful in cleansing the milieu and restoring the natural balance of the derailed processes.

*A diet can only be healthy for us if it can also be properly metabolised by the body.*

### **Summary of the main points**

1. Use causal and psychosomatic approaches, treat holistically and in relation to the family.

Family therapy and psychotherapy. The child should not be hustled in isolation.

2. The biological milieu must be normalised again, particularly in the blood and intestines and on the mucous membranes.
3. Metabolic functions must be restabilised. This particularly applies to the blood sugar level, the acid-base balance and the mineral balance. The liver and intestine must be particularly strengthened.
4. The body's own dynamics of vital functions must come into play again. Lability or stiffness must be turned around in the dynamics to become better ability to adapt and regenerate.
5. Influence on symbiosis by means of milieu cleansing and a boost to the immune system by means of stimulation therapy are indicated. For this the isopathic and immune biological SANUM remedies are available.
6. Correction of lifestyle and diet, cleansing of the intestinal flora, blood sugar level and mineral balance.
7. Psychopharmaceutical drugs cannot be the solution!

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