ADD and ADHD—such commonly used diagnoses in today’s world that they have virtually become a part of every teacher’s vocabulary list. But is this “mental disorder” as common as we have been lead to believe, or is it often a misdiagnosis?

Psychological Evaluation

Unfortunately, too often parents are being intimidated by schools/teachers to have their child undergo a psychological evaluation either through the school district, a pediatrician, or a psychiatrist. Perhaps the child is more energetic, lethargic, or lacks concentration compared to his/her “normal” peers; therefore, the child is hastily slapped with a label of possible ADD or ADHD and there is a predisposed bias going into such an evaluation. Parents are made to feel that such evaluations are necessary in order for their child to receive a proper education and are often made to feel guilty if they refuse to have their child subjected to such an evaluation. It may be of interest to know that if a child is diagnosed with ADD or ADHD, they are considered learning-disabled and the school will receive extra money from the state and federal government which is to be used for special learning programs. However, the school is not held accountable for how that money is actually spent. Furthermore, the diagnosis may be noted in the child’s permanent school records as a “mental disorder” and follows the child throughout life.
If the child is diagnosed as having ADD or ADHD, chances are some type of psychotropic drug will be recommended. However, parents must educate themselves as to the side effects and necessity of such medications. Methylphenidate, commonly known as Ritalin, was responsible for 186 deaths between 1990 and 2000 as reported by the FDA MedWatch; a voluntary reporting program accounting for no more than 10-20% of actual incidences. One of the dangers with this drug is that it causes constriction of the veins and arteries; thus, causing the heart to work harder leading to irreversible damage. Increased heart rate, increased blood pressure, and irregular heart beat, along with other cardiac disorders can be the result. There have also been studies that suggest exposure to Ritalin and other stimulant (psychotropic) prescription drugs makes the brain more susceptible to addictive drugs such as cocaine and doubles the risk of cocaine abuse. The increased risk of suicide and depression has also been linked to the use of Ritalin and other such stimulants.

Conditions that Mimic ADD/ADHD
Before accepting a diagnosis of ADD/ADHD other conditions that mimic this diagnosis must be ruled out. Children with allergies and asthma may have difficulty breathing which could lead to difficulty concentrating. Foods (especially dairy products), molds, and chemical odors such as the smell of tar or perfume are common but unsuspected causes. An abundance of yeast caused by repeated courses of antibiotic use can also be a problem. Sudden unprovoked aggression in children can be related to allergies and is often associated with red ear lobes, wiggly legs, dark circles under the eyes, or a “demonic” look. Behavior may include hitting, biting, kicking, spitting, and punching.

Diabetes and hypoglycemia can make the child appear distracted and lacking concentration. Children with hypoglycemia can experience recurrent fatigue, irritability, tension, hyperactivity, and aggression. Complex carbohydrates found in vegetables and whole grains help to avoid hypoglycemia by replenishing glucose to the body at regular intervals allowing the child to better concentrate. Children with hypoglycemia will often show a pattern of “crashing” between 10:30–11:30 and 3:00–4:00 and will often “demand” food during these times. Most breakfast cereals and fruit juices purchased in grocery stores have high sugar content and should be avoided. Also, food packed for lunches or snacks should be chosen carefully and checked for sugar contents. Children with seizures, middle ear infections, visual or auditory perception problems will also have trouble paying attention or appear frustrated with learning.

Often times following an emotional or physical traumatic event, children appear inattentive, distracted, or hyperactive. This may be a situational behavior issue and may need to be addressed through therapy. If the event was physical in nature such as a car accident or physical abuse, the child should also undergo a chiropractic evaluation for possible vertebral subluxations as the cause or a contributing factor to their behavior as should any child diagnosed with any of the above mentioned conditions.

**Sensory Integration Disorder**

Children are often misdiagnosed as having ADD or ADHD when in fact they have an undiagnosed learning disorder causing them to be frustrated, angry, distracted, and hopeless. There is a wealth of research on early brain development and the effects of poor sensory processing and delayed motor development in relation to one’s ability to focus and learn. A child may be labeled with ADD, ADHD, dyslexia, dyspraxia, or central auditory processing problems;
again, drugs are commonly prescribed for these children. However, what is really going on is that their neurological system is in chaos or is immature. The sensory information the child receives can not be organized by the brain; therefore, the child will not respond appropriately to various commands or stimulation. In short, the brain and nervous system are “short circuiting”. Because chiropractic deals directly with allowing the nervous system to function at its highest ability, it is imperative that these children undergo a chiropractic evaluation. Specific exercises either through a Doctor of Chiropractic or Occupational Therapist are also essential.

Sensory input is received from various entities. The vestibular system is responsible for movement and balance. It is the first system to fully develop and should be developed by six months after conception. This system is said to have the most influence on the other sensory systems and on the ability to function in everyday life.

It functions like an air traffic controller, telling each sensation where and when it should take off and where to land. The sensory organs for the vestibular system are located in the inner ear and are largely affected by the nerves associated with vertebral joints in the upper neck. Therefore, if a misalignment (subluxation) of the upper neck is present, it may interfere with the ability of the vestibular system to perform its job effectively.

The proprioceptive system is responsible for telling the brain where the body is in space. It gathers sensory information taken in from the inner ear, eyes, smell, and through hearing. It also relies on information received by the brain from tactile, kinesthetic and proprioceptive sites throughout our bodies. Proprioceptive nerve fibers are also located within each vertebral joint. Therefore, subluxations of any vertebral joint may cause disruption of the proprioceptive system. Children may fatigue easily and appear inattentive because they have to work hard and concentrate to determine the position of their bodies. They appear clumsy and have difficulty playing with toys. Their writing can be too light and difficult to read or much too heavy and laborious. They may also have trouble grasping mathematical concepts.

The visual system is also an important sensory input system. Most people think that if a child’s vision is 20/20 then everything is fine. However, there are many sensory functions that must work properly in order for one to understand and apply the information that comes through the eyes. Binocular coordination, accommodation, and vertical movement are some of the functions necessary to understand and process visual information. Part of the neurological input for proper accommodation of the eyes comes from the lower cervical spine and upper thoracic spine. Vertebral subluxation of these areas may cause difficulty in focusing on objects or complaints of blurred vision. However, school-aged children rarely realize that they are not seeing things clearly. Therefore, it is necessary to make sure that the lower cervical and upper
thoracic regions are clear of any vertebral subluxations.

The tactile system receives information from cells in the skin all over our bodies providing information about light touch, pressure, vibration, temperature, and pain. Feedback from the tactile system contributes to the development of body awareness and motor planning abilities. Some children are hypersensitive to touch and in turn try to control their environment and the tactile information they receive; thus, appearing anxious, controlling, aggressive, and unwilling to participate in home and school activities. This will then leave less energy and attention for learning and interacting. Some children are under-responsive to touch and seek out excessive touch sensation in order to satisfy the nervous system’s craving for touch. They may touch everything, appropriate or not, and may appear to be impulsive and distractive. The nervous system must work properly in order for successful integration of the tactile system. This enables us to create a balance so that we know what we are touching is either harmful or dangerous or what touch is satisfying and pleasurable and should be further explored.

Sensory input and sensory integration are essential in order for a child to develop proper motor skills and proper learning skills. Without a correctly functioning nervous system, this is not possible and an often misdiagnosis of ADD or ADHD is the result. Removing nervous system interference caused by vertebral subluxations allows the child to develop these much needed sensory systems to their highest ability. In conjunction with a proper diet and specific sensory integration exercises, chiropractic is a safe, effective, and natural form of care for these children.