According to the Centers for Disease Control, as of 2003, 2.5 million kids aged 4 to 17 were receiving medication to treat ADHD. The most prevalent of these medications is methylphenidates, marketed as Ritalin and other brand names. With this drug so widespread, we must ask ourselves: What is it really doing to our children? What kind of effect is this going to have on a child who has been taking this drug for an extended period of time? And are there any other treatment methods that could be just as effective at dealing with ADHD, without the risk of side effects?
Short-Term Effects

- Cardiovascular: Rapid heartbeat, high blood pressure, unusual heart rhythm, the possibility of a heart attack

- Central Nervous System: Altered mental status, hallucinations, depression, excitement, convulsions, drowsiness, insomnia, irritation, hostility, unhappiness, tics, nervous habits, obsessive-compulsive behavior

- Gastrointestinal: Eating disorders, nausea/vomiting, stomachache

- Other: Blurred vision, headache, dizziness, blood disorders, bedwetting, fever, joint pain, unusual sweating

- Withdrawal and Rebound: Worsening of ADHD-like symptoms, depression, insomnia, evening crash, over-activity, irritability

Long-Term Effects
Depression: Studies suggest that Ritalin use in preteen children may lead to depression later in life.

Neural System: A short-circuit of the brain’s “reward system” makes it difficult to experience pleasure. Emotional Response: Chronic exposure to Ritalin leads to decreased sensitivity to reward stimuli, while resulting in increased negative responses to adverse situations.

Career: Children who have taken a psychotropic, psycho-stimulant drug after the age of 12 are ineligible for military service.

Death: Between 1990 and 2000 there were 186 deaths from Ritalin reported to the FDA MedWatch program (a voluntary reporting scheme). These numbers probably represent no more than 10 to 20 percent of actual occurrences.

Options

The head of the National Institute of Mental Health says that his organization is “concerned about improper diagnosis of ADHD.” This means that at least a portion of those millions of users shouldn’t be taking Ritalin at all. What some ADHD organizations don’t want you to know is that there are equally effective treatments out there that do not include chemicals.

A 2003 study done at the neuropsychology post-graduate program of Harvard Medical School tested 20 children who had been diagnosed with ADHD. Ten were treated with Ritalin and the other 10 were treated with dietary supplements. Tests revealed that the subjects in both groups showed significant and essentially identical improvements.
Studies suggest that a majority of the neurological symptoms attributed to ADHD can be effectively attributed to other causes, including:

- Food and additive allergies
- Heavy-metal toxicity and other environmental toxins
- Low-protein/high-carbohydrate diets
- Mineral imbalances or deficiencies
- Thyroid disorders
- Vitamin deficiencies

Studies support the effectiveness of dietary supplements (a mixture of vitamins, minerals, and other essential acids that attempt to address the ADHD biochemical risk factors) as a safer alternative to Ritalin.

In Summary

If your child has been diagnosed with ADD or ADHD, Ritalin is not the answer. The evidence shows that the dangers of Ritalin essentially outweigh any possible benefit.
Dr. Claudia Anrig has been in full-time chiropractic practice since 1981. She is the founder of Peter Pan Potential, the first pediatric chiropractic community outreach program. Claudia mentors chiropractors to grow their family wellness practices through her Generations coaching program. She is a former president of the ICPA and remains an active board member. Dr. Anrig's textbook, Pediatric Chiropractic, is the first of its kind and is the fastest-selling text in chiropractic history.
Side Effects of Ritalin Use

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Monday, 01 March 2010 00:00 - Last Updated Tuesday, 05 November 2013 13:17

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