ADHD can be helped with the Eductor.

Brain irregularities like EEG speed and power potential can cause ADHD. The Eductor measures these and then corrects them.
FDA approves ADHD EEG Test

A new device approved by the Food and Drug Administration (FDA) will read children and adolescent’s brain waves in order to test for attention deficit hyperactivity disorder (ADHD). The 15 to 20 minute test uses a device called the Neuropsychiatric EEG-Based Assessment Aid (NEBA) System. The NEBA system measures the ratio of certain brain waves that are higher in children with ADHD than other children without this disorder.

The NEBA system is based on electroencephalogram (EEG) technology, which records different kinds of electrical impulses given off by neurons in the brain and the number of times (frequency) the impulses are given off each second.

The process doesn’t take more than 15 to 20 minute, and it’s a totally noninvasive test that calculates the ratio of two standard brain wave frequencies, known as theta and beta waves. The theta/beta ratio has been shown to be higher in children and adolescents with ADHD than in children without it. “Diagnosing ADHD is a multistep process based on a complete medical and psychiatric exam,” said Christy Foreman, director of the Office of Device Evaluation at the FDA’s Center for Devices and Radiological Health. “The NEBA System along with other clinical information may help health care providers more accurately determine if ADHD is the cause of a behavioral problem.”

ADHD is one of the most common neurobehavioral disorders in childhood. According to the American Psychiatric Association, 9 percent of U.S. adolescents have ADHD and the average age of diagnosis is 7 years old. Children with ADHD have difficulty with attention, hyperactivity, impulsivity and behavioral problem. The FDA reviewed the NEBA System through the de novo classification process, a regulatory pathway for some low- to moderate-risk medical devices that are not substantially equivalent to an already legally marketed device. In support of the de novo petition, the manufacturer submitted data including a clinical study that evaluated 275 children and adolescents ranging from 6 to 17 years old with attention or behavioral concerns. An independent group of ADHD experts reviewed the method and arrived at a consensus diagnosis regarding whether the research subject met clinical criteria for ADHD or another condition. The study results showed that the use of the NEBA System aided clinicians in making a more accurate diagnosis of ADHD when used in conjunction with a clinical assessment for ADHD, compared with doing the clinical assessment alone.
The Eductor can autofocus and alter the wave form, current amplitude intensity, DC current direction, pulse width, frequency, Fourier interaction to maximize the healing and stabilizing effect on the patient’s brain and body. All with an autofocused Cybernetic loop.
Electrophysiology of polarization induced by oscillating pulsed direct current

- 4 electrodes measure EEG Rt Lt + (VARHOPE) 2 other electrodes stimulate a Pulsed DC current passing to the ground in the legs. Autofocusing directs current to the needed areas.
- A part of the electric current passes through the cortex.
- The current under the anode electrode induces a lack of positive ions at the basal part of neuronal membrane. This induces depolarization of this part of the membrane. The excitability of the neuron increases and the frequency of the background activity increases. The net effect is **anodal activation of neurons.**
- Vice versa, the current under the cathode electrode induces an excess of positive ions near the external part of the basal membrane. This induces hyperpolarization of this part of the membrane. The excitability of the neuron decreases and the frequency of the background activity decreases. The net effect is **cathodal suppression of neurons.** To avoid this Neuronal Suppression the Eductor uses the leg as the Cathode. The Autofocusing Cybernetic loop assures safety and efficacy.
- Hyperpolarization of Ca + Na channels + Depolarization is thus avoided.

**Activity patterns**

Both simple and complex patterns of neurons can generate oscillatory activity simultaneously. In addition, they can show oscillatory responses to perceptual input or motor output. Some types of neurons will fire rhythmically in the absence of any synaptic input. Likewise, brain wide activity reveals oscillatory activity while subjects do not engage in any activity, so-called resting-state activity. These ongoing rhythms can change in different ways in response to perceptual input or motor output. Oscillatory activity may respond by increases or decreases in frequency and amplitude or show a temporary interruption, which is referred to as phase resetting. In addition, external activity may not interact with ongoing activity at all, resulting in an additive response.

**Oscillatory responses**

The frequency of ongoing oscillatory activity is increased between t1 and t2. The amplitude of ongoing oscillatory activity is increased between t1 and t2. The phase of ongoing oscillatory activity is reset at t1. Activity is linearly additive ongoing oscillatory activity between t1 and t2.
CLINICAL EVALUATION

EDUCTOR

measures

- Volts and Oscillations (EMG, EEG)
- Amps and Oscillations (ECG)
- Resistance (GSR)
- Hydration
- Oxidation (Redox potential)
- pH acid vs alkalinity
- Reactivity evoked potential to voltammetric fields of substances (TVEP) over 228,000 measures a second of these energetic factors

treats

- Brain wave and emotions with (MCES)
- Pain with (MENS) (TENS)
- Trauma or wounds (EWH)
- Electro Weakness Ph,
- Redox disorder (VARHOPE Correction)
- Trickle charge the body electric

All designed to detect + reduce Electro-stress and Balance the Body Electric Automatically

If you need more information on the SCIO and purchase details please get in touch with us
web: www.qxsubspace.com
e-mail: info@qxsubspace.com
ENHANCING BRAIN PERFORMANCE

If you are involved in seeing how GSRtDCs and biofeedback can help you and your children, and heal many diseased disorders without medications, it’s a humble process.

**Step 1 – Find a Licensed GSRtDCs Therapist online and discuss the procedure** - We can discuss the symptoms you’re feeling and your medical and stress history, the suggested treatment for your specific condition, classic reactions to treatment, number of sessions, what to expect and answers to your questions. We can discuss the scholastic and or sport ability of your child or yourself and talk about GSRtDCs enhancement. If you decide to get biofeedback, we can set up an appointment.

**Step 2 – time to check GSRtDCs out** – In your first session, we look at the brain and body from energetic therapies using different natural non-drug modalities. The complete testing takes approximately two and a half hours. The first step is a Lifestyle inventory we call the Suppression and or Obstruction to Cure index. (SOC Index) then we do a Calibration and a pre EEG and a pre ECG, which involves placing the harness with electrodes on the head, wrists and ankles. We then do the Xrroid scan of your voltammetric reaction to the electro-signature of over 10,000 items. This gives us a base of your reactivity pattern. This sees how your brain compares to standards. A neurocognitive questionnaire test is done that detects ADHD, depression, anxiety and learning differences. These tests are done as baselines to measure your Bio-Electric improvement.

We will do some basic therapies like teaching stress reduction, impulse control, Electro Transcendental Meditation, homoeopathy, electro-acupuncture and a host of other safe natural based therapies. At the end of the session we have the debriefing to review items that have come up and solutions for recovery. Biblio-therapy and other homework responsibility themes will be discussed.

**Step 3 – Treatment Plan** - We review all the SOC Index within the next week and will go over your results with you. The Eductor EEG provides us with a view where the over or under activation occurs. Lifestyle changes are important and there may be herbs, homeopathics, vitamin supplements and cooking instructions included. The average treatment plan will include 5 sessions of GSRtDCs for intellect and or sport enhancement and if there is other deeper disease then several sessions of biofeedback, depending on the situation. Each treatment plan is tailored to meet the discrete needs of each client. Each session is about 45-60 minutes long and GSRtDCs training needs to be done twice a week in the beginning for optimal results. It is easy to produce modification in the brain, the hard part is getting the brain to hold the change. That is why it is done with the repetitive training and of course lifestyle and homework.
Step 4 – Continued training. In the first training session we established objectives and determined what yardsticks we will use to measure your development. Additional time is now spent to insure that you understand lifestyle and how Biofeedback / GSRtDCs works and what you can do at home to advance the self-regulation that is being produced. Most people will see some positive changes with every visit and significant changes around the 3th session.
The American Academy of Pediatrics has acknowledged the best level of support (LV 1) for treatment of ADHD is Cognitive Behavioral Therapy, and the next best, (LV 2) is biofeedback. At the IMUNE we have developed a program that blends the two for the most effective alternative treatment, instead of medication.

If you have distress paying attention, staying on task, poor short term memory, or act impulsively, then you may be experiencing the basic symptoms of ADD/ADHD. The frontal lobes of the brain are accountable for performing these responsibilities. The frontal lobe is the last part of the brain to enervate, which does not occur until a person’s late twenties. This is the part of the brain linked to
ADD/ADHD, this is where we concentrate, finish what we start, and make good decisions. This is the part of the brain that is involved in self-regulation.
The Prefrontal Cortex of the Brain is Responsible for Not Being Able to Resist Peer Pressure, Since this does Not fully Develop till age 20 it is Hard for Children to Resist Peer Pressure

Self-regulation is entangled in your emotions, thinking, feelings, and is a function of connections between the brain and the body. When there is an disparity in the frontal lobes it is hard for the brain to do the many tasks involved in our overall management function. There is evidentiary proof that confirms the use of EEG biofeedback, GS RtDCs, to successfully manage the symptoms of ADD/ADHD. GS RtDCs has a high clinical efficacy rating (4 out of 5) as an effective treatment for ADD/ADHD with NO known side effects.

Do you hear That NO Side Effects?????

There are test methods used to diagnose ADHD, but none look at the fundamental cause of the problem like we do. The only way to define the cause of the problem is to study how the brain functions and performs by doing a SCIO Eductor EEG check. Each brain is different, and at The Brain Performance Center, we use the EEG Check and a variety of testing modules intended to produce an individualized action program (not involving medication) that will allow each person to reach their maximum potential. The wrong treatment for ADD/ADHD is a stimulant medication which can produce many side effects such as, agitation, flattened mood, loss of appetite, irritability, mood swings, confusion, headaches, suicide ideations and upset stomach. The side effects can be more extreme as elucidated in this New York Times article. Please click on this link: http://www.nytimes.com/2013/02/03/us/concerns-about-adhd-practices-and-amphetamine-addiction.html?pagewanted=all
When an experienced licensed clinician does the GSRtDCs training there are no side effects. There is no established way to preclude ADD/ADHD completely, medication will not prevent it. Medication can be a very expensive way to mask any problem. The annual cost of ADHD medication on average, for each patient ranges from $1,572 to $17,458 reported in a recent report from Drug Trend. To read more about the growing costs of drugs, click here: http://www.additudemag.com/adhdblogs/19/10157.html In addition to the cost of medication there are doctor visits. Treatment at a licensed GSRtDCs Therapist represents a safer method that can mend your symptoms and provide enormous financial savings.
The Concentration/Relaxation Cycle
and EEG Amplitude/Frequency Changes

Lower Frequency
Higher Amplitude
More Synchrony
Less Neuronal Independence

Lower Amplitude
Higher Frequency
Less Synchrony
More Neuronal Independence

The SCIO/Eductor Technology Stimulates
Osmosis and this Helps Repair in 2 Ways

1: Bring in Oxygen & Nutrients
2: Get Rid of Toxins

Your blood flow carries oxygen and nutrients directly to your injured tissue to boost your body's natural ability to re-grow tissue needed to heal.

To encourage healing your injured tissue will use your blood flow to flush away toxins and cellular waste.

The EWH Electro Wound Healing Makes the Body Electric work better and to Stimulate Tissue Repair Faster
If the EEG is Too Slow The Eductor will Speed it Up  
If the EEG is Too Fast The Eductor will Slow it Down

The SCIO/Educator/Eductor Technology can Find an Energetic Problem and Promote Healing 

EWH = Electro-Wound-Healing

Electrical Current Flows Through Healthy Tissue in a Predictable Way

The Eductor Can Tell if there is Healthy or Injured Tissue

Inflamed Tissue has a different pattern from Degenerate Tissue

Electrical Current Flows Different Through Injured Tissue

The Eductor can then Give an Electro-Therapy-Pulse To Promote Healing

The Eductor Can Measure and Treat Both Diseased Tissue
If you or someone in your family is experiencing trouble with frontal lobe functioning please look into GSRtDCs.

http://gsrtdcsschool-intellect-sport-enhancement.com/

At the IMUNE we teach GSRtDCs to licensed therapists to treat both adults and children. We see the improvements and how effective it is on a everyday basis. There are different ways that ADD/ADHD may manifest in your life. The symptoms range from inattentiveness, hyper activity, impulsiveness, and high distract ability. Irrespective, they all can influence your performance at school, on the job, and in your relationships with friends and family.

When you have to work three or four times harder than others to produce the same results it lowers your self confidence and self-esteem as well as your incentive and energy to succeed. There is no purpose to feel that you cannot attain what you want to. You can alter the way your brain works and take your performance to the level you desire.

The Food Drug Administration announced July 15, 2013 that it has approved the first brain wave test to be used to help diagnosis children with attention deficit hyperactivity disorder, the EEG, which is part of the assessment at the GSRtDCs therapy.
TREATMENT FOR AUTISM

Autism spectrum disorder (ASD) and autism are both general language for a group of complex illnesses of brain growth. People with autism often have underdeveloped brain structures, mainly the amygdala and the hippocampus, which is the structure tangled in emotion, aggression, sensory input, memory, and learning. It is theorized that because of the immature system, many autistic children have difficulties assimilating sensory information, and are over or under stimulated. Research supports that GSRtDDCs biofeedback can be used as an effective, safe, intervention to manage the diverse symptoms of autism. In a 2006 study pre-post analyses showed a 40 percent decrease in autistic symptoms.
“Research on autistic spectrum disorder (ASD) shows that GSRtDCs (EEG biofeedback) can remediate anomalies in brain activation, leading to symptom reduction and functional improvement”, was stated by the Science Daily.

| Box 1 |
|-----------------|-----------------|
| **Diagnostic criteria: Behavioral findings often present in individuals with ADHD** |
| **Inattention** | **Hyperactivity/Impulsivity** |
| Careless errors, inattentive to detail | Fidgets or squirms |
| Sustains attention poorly | Cannot stay seated |
| Appears to not be listening | Restless (subjective in adolescents) |
| Follows through poorly on obligations | Loud, noisy |
| Disorganized | Always “on the go” |
| Avoids or dislikes sustained mental effort | Talks excessively |
| Looses needed objects | Blurts out |
| Easily distracted | Impatient |
| Forgetful | Intrusive |

Modified from DSM IV.22
A. Either (1) or (2):
   (1) six or more of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
      Inattention
      (a) often fails to give close attention to details or makes careless mistakes in school work, work, or other activities
      (b) often has difficulty sustaining attention in tasks or play activities
      (c) often does not seem to listen when spoken to directly
      (d) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not because of oppositional behavior or failure to understand instructions)
      (e) often has difficulty organizing tasks and activities
      (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework)
      (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
      (h) is often easily distracted by extraneous stimuli
      (i) is often forgetful in daily activities
   (2) six or more of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
      Hyperactivity
      (a) often fidgets with hands or feet or squirms in seat
      (b) often leaves seat in classroom or in other situations in which remaining seated is expected
      (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, might be limited to subjective feelings of restlessness)
      (d) often has difficulty playing or engaging in leisure activities quietly
      (e) is often "on the go" or often acts as if "driven by a motor"
      (f) often talks excessively

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
D. Clear evidence of clinically significant impairment in social, academic, or occupational functioning.
E. Symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, or personality disorder).

ADHD Subtypes
   Attention-deficit/hyperactivity disorder, combined type: if both criteria A1 and A2 are met for the preceding 6 months.
   Attention-deficit/hyperactivity disorder, predominantly inattentive type: if criterion A1 is met but criterion A2 is not met for the preceding 6 months.
   Attention-deficit/hyperactivity disorder, predominantly hyperactive-impulsive type: if criterion A2 is met but criterion A1 is not met for the preceding 6 months.

Causes of ADHD

The exact cause of ADHD has not been determined, however, ADHD is thought to have a genetic component as it tends to occur among family members. Close relatives of people with ADHD have about a 5 times greater than random chance of having ADHD themselves, as well as a higher likelihood for such common accompanying disorders as anxiety, depression, and learning disabilities. An identical twin is at high risk of sharing his twin’s ADHD, and a sibling of a child with ADHD has about a 30% chance of having similar problems.

Boys are three times more likely to be diagnosed with ADHD as children, though this ratio seems to even out by adulthood. It is likely that girls are sometimes overlooked when diagnosing ADHD. Symptoms of ADHD can present differently in females, but doctors and other healthcare professionals are becoming better at recognizing, diagnosing and treating girls and women with ADHD.

Ongoing studies are focusing on identifying genes that may cause a person to be more susceptible to ADHD. Research continues to study the link between ADHD and brain structure, brain chemistry especially related to the neurotransmitters dopamine and norepinephrine (which regulate attention and activity), and differences in function of parts of the brain that affect attention and impulse control.
There is more clarity on what does not cause ADHD. It is not the result of laziness or lack of motivation and discipline. It is not caused by poor parenting, poor teaching, too much television, or too much time spent on fast-paced video or computer games. It has been suggested, though, that refined sugars or food additives may increase the risk of ADHD. Nutrition and diet can affect mood and behavior, as well as brain development in early life.

**The Difference Between ADD and ADHD**

Attention Deficit Disorder (ADD) is a general term frequently used to describe individuals that have Attention Deficit Hyperactivity Disorder (ADHD) without the hyperactive and impulsive behaviors. The terms ADD and ADHD are often used interchangeably for both those who do and those who do not have symptoms of hyperactivity and impulsiveness. Attention Deficit Hyperactivity Disorder (ADHD) is the official name used by the American Psychiatric Association, and it encompasses hyperactive, impulsive, and / or inattentive behaviors. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) actually includes three different types of ADHD
Studies Have Proven the Positive Effects of GSRtDCs on ADHD

Stop the ADHD Spiral before it is too Late

Normal Brain map

severe ADHD

1 Eductor session

3 GSRtDCs

5 GSRtDCs

All ADHD Improved

Studies show the Positive Effects of GSRtDCs on ADHD

All Performance Measures Increased by GRStDCs Autofocused SCIO/Indigo/Eductor Therapy

Every Child needs some Help Sometimes
1. ADHD, Predominantly Inattentive Type
Symptoms are primarily related to inattention. The individual does not display significant hyperactive/impulsive behaviors. Most people refer to the predominantly inattentive type of ADHD simply as ADD. These individuals may have trouble paying attention, finishing tasks, or following directions. They may also easily become distracted, appear forgetful, careless and disorganized; and frequently lose things. Individuals with the predominately inattentive type of ADHD are not only not hyperactive, they can tend to be rather sluggish and slow to respond and process information. They often have difficulty sifting through relevant and irrelevant information. They may seem daydreamy, spacey or as though they are in a fog and may be shy or withdrawn. Their symptoms are less overt compared to an individual with hyperactive and impulsive symptoms. Unfortunately, as a result, many individuals with the predominately inattentive type of ADHD are often overlooked.

2. ADHD, Predominantly Hyperactive-Impulsive Type
Symptoms are primarily related to hyperactivity and impulsivity. Individuals do not display significant attention problems. Those with the predominantly hyperactive-impulsive type of ADHD may appear restless, fidgety, overactive and impulsive. They “act before thinking” and often “speak before thinking” by blurt ing out and interrupting others. People with these hyperactive / impulsive behaviors may play and interact loudly. They have difficulty staying in their seat, talk excessively, and have trouble waiting turns. They may seem to be perpetually “on the go.”

3. ADHD, Combined Type
Individuals display both inattentive and hyperactive / impulsive symptoms.

Diagnosing ADD and ADHD

What is involved in diagnosing ADHD? Lots of information must be gathered in order for the doctor or mental health professional to make the diagnosis of ADHD. A good portion of this information is obtained through clinical interviews. You will be asked to complete behavior checklists or questionnaires to give the professional more detailed information about the problematic behaviors. Further evaluations may occur through observation and psychological and educational testing. If your child is being evaluated, you and his teachers (or other important adults who observe your child’s behavior in various
settings) may be interviewed. A physical exam may be recommended in order to rule out any medical causes for the symptoms. A family medical history is also helpful.

**Questions to Ask During the ADHD Evaluation Process**

Could something else be causing the behavior problems?

- Are there other medical or psychological conditions that may be the cause?
- What about learning disabilities?
- Are there any environmental or situational factors that may exacerbate the problem?

It is helpful to ask any questions that educate you and the doctor about what may be going on to cause the problematic behaviors. Once a diagnosis of ADHD is made you will have a list of additional questions related to treatment options, ADHD education, and support services.

**Information to Have Available for the Health Care Provider During the ADHD Evaluation**

Bring copies of any appropriate records such as medical, psychological, school/employment records. Bring copies of any previous evaluations. Be prepared to give a detailed developmental and social history including pregnancy and birth history. Have information available about any other involved professionals – physicians, pediatricians, psychiatrists, psychologists, counselors, social workers, therapists, and teachers, including any special education teachers. Many health care providers will send you a questionnaire to complete before the appointment. Be sure to bring the completed forms with you to the appointment.
Here is a list of Conditions with Peer Reviewed Evidence the SCIO Eductor can HELP With

- ADD/ADHD
- ADD
- Addiction
- Anxiety - General
- Anxiety - Performance
- Anxiety - Social
- Autism Spectrum
- Brain Injury / Concussions
- Chronic Pain
- Depression
- Headaches / Migraines
- Insomnia
- Learning Differences
- Memory Loss
- OCD - Obsessive Compulsive Disorder
- Panic Attacks
- PTSD
- Stress Management

Eductor Can Help
ADHD – Attention Deficit Hyperactivity Disorder – is an all too easy label given to children who have difficulty paying attention and behaving “properly.” There is a very distinctive brainwave pattern associated with ADHD and it can clearly be seen in an EGG (electroencephalograph) for children or adults. German researchers recently reported in a study that up to 75% of the ADHD diagnoses given by psychologists and psychiatrists to children may be wrong. The researchers also found that if the child was a boy there was a higher probability of them being given the ADHD diagnosis. The study concluded that thorough diagnostic evaluation would help therapists to be more accurate.

**What ADHD Looks Like in the Brain**

A brain that has excessive slow activity – like the graph below – has difficulty focusing and paying attention. They will be impulsive, distracted and have a short attention span. Because their brain is going so slow they will try to speed their brain up by fidgeting, rocking, tapping or any other movement to make their brain feel better. They will also look to self-medicate with caffeine or sugar, but as they age they may turn to alcohol or illegal drugs.
A child who has slow brainwave activity will often improve their behavior with drugs like Ritalin – but there are unpleasant side effects like of loss of appetite, insomnia, irritability, nausea, headache, feeling like a Zombie and the roller coaster of crashing when the drug wears off and more serious effects like slowing of growth, blurred vision and addiction to the drug.

A Brain That is Processing Too Fast Can Act Like ADHD

The brainwave pattern reflects how well a brain is functioning. The brain of a person with allergies will process much faster than “normal”. A brain that has excessive fast activity – like the graph below – has difficulty focusing and paying attention. They will be impulsive, distracted and have a short attention span...just like ADHD. The brain speeds up as an adaptive response of the immune system when a person has allergies, even if the person does not have the typical allergy symptoms.
How Can I Know if My Brain is Going Too Fast or Too Slow?

The most important thing is to do a brainwave evaluation to determine what the brain is doing. If the brainwave pattern shows the brain is going too slow then you do GSRtDCs training to speed it up. If the brainwave pattern shows the brain is going too fast then you will want to treat the cause of the allergies.
Over 40 years of Research with over 20 different scienetist validating results in peer reviewed medical journals

Event-Related Electrocorticographic Correlations Between Isolated Human Subjects

DEAN L. RADIN, PH.D.

ABSTRACT

Objective: To examine electrocorticograms (EEG) in pairs of people to see if event-related potentials evoked in one person’s brain are correlated with concurrent responses in the brain of a distant, isolated person. Design: Simultaneously record EEGs using independent physiology monitoring systems. One person relaxes in a double steel-walled, electronically and acoustically isolated room while a second, located in a daily life room 70 meters away, is stimulated in random times by the live video image of the first person. Subjects: Twenty (10) pairs of volunteers. Eleven (11) pairs of adult friends and 9 mother-daughter pairs. Outcome measures: Episodic interest were the moments of stimulus onset and offset; T scores: in both participants’ EEGs, a positive correlation was postulated to appear between the ensemble variance of the stimulated subjects’ EEGs versus an identical measure in the nonstimulated subjects. Control data using the same equipment and test conditions, but without human presents, was collected to check for equipment and analytical artifacts. Nonparametric bootstrap methods were used to assess statistical significance of the observed correlations. Results: The control test resulted in a correlation of r = -0.03, p = 0.646; the experimental test resulted in r = 0.31, p = 0.006. Three (3) of the 5 pairs of participants showed independent significant correlations. Determination of the stimulated subjects’ event-related potentials showed that the stronger their responses, the larger the corresponding responses in the nonstimulated subjects (p = 0.0008).

Conclusion: Under certain conditions, the EEG of a remotely isolated human subject can become correlated with consciously generated mental activity in a distant person’s EEG. This suggests the presence of an unknown form of energetic or informational interaction.
The Eductor is a registered EEG Biofeedback Device measuring the Electro-EncephaloGraph of each side of the Brain

CPT Code-- 90901

Recommended for Emotional Evaluations
I’ve noticed lately that my mind has been wandering a lot so I wanted to see how attention works and how to manage it better. It turns out a lot of us have wandering minds and struggle to stay focused. In fact, when we’re reading, our minds typically wander anywhere from 20 to 40 percent of the time. Voluntarily keeping our attention on one thing continuously can take a lot of effort, so it’s not surprising that I struggle with this sometimes.

Luckily, there are ways to keep our attention spans from burning out, once we understand how they work.

**The two brain systems that control your attention**

Our brain is split into two systems, according to Daniel Kahneman. In *Thinking, Fast and Slow*, he calls these System 1 and System 2 (to get a full understanding of how these work,
I’d highly recommend reading his book. I can only explain them briefly here, and there’s a lot more that goes into how our brains do the things they do!)

<table>
<thead>
<tr>
<th>System 1 (Automatic System)</th>
<th>System 2 (Reflective System)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effortlessly, subconsciously, skilled, associative, fast</td>
<td>factors abstraction, Rule following, self aware, deductive, effortful</td>
</tr>
<tr>
<td>Rules of thumb, Framing biases</td>
<td>Weigh multiple options, choose rationally</td>
</tr>
</tbody>
</table>

System 1 is the involuntary, always-on network in our brains that takes in stimuli and process it. It’s the system that makes automatic decisions for us, like turning our heads when we hear our names called or freezing when we see a spider.

System 2 runs the voluntary parts of our brains. It processes suggestions offered by System 1, makes final decisions and chooses where to allocate our attention. The funny thing about how these system work is that we assume a lot of the things we do are purely conscious decisions made by System 2. In fact, almost everything we consciously decide on is based on automatic reactions and suggestions fed to us by System 1. Here is another great illustration of both systems at work:

System 2 is in charge of anything that takes willpower and self-control, and anything that’s too difficult for System 1.
How we get distracted every day

Although System 2 is running our attention and our concentration, there’s only so much to go around, and it takes a lot of effort to stay focused on something. We’re bombarded all the time by distractions, which the System 2 part of our brains has to fight against.

Distractions come in two main kinds, which Daniel Goleman explains in Focus: The Hidden Power of Excellence: sensory distractions (things happening around you) and emotional distractions (your inner dialogue, thoughts about things happening in your life).

If you’ve ever had something emotional weighing on your mind, you’ll know how hard it is to block out that kind of distraction. Goleman explains that this happens for a reason: if something is upsetting us, our brains want us to find a solution so we won’t keep worrying about it. Putting it off doesn’t help us concentrate, because we can’t truly let go of those worrying thoughts until we have a plan to work through it.

These kind of emotional distractions are the ones that plague us most, according to Goleman:

*It’s not the chatter of people around us that is the most powerful distractor, but rather the chatter of our own minds.*

Even worse is that on average, when our minds wander they tend to skew towards negative thoughts, and focus on self-centered thoughts more than anything else.

So what’s the answer? Well, staying focused takes a lot of work. Just like our physical muscles, our attention “muscle” gets fatigued when we overwork it. Pushing ourselves to cognitive exhaustion means we end up mentally fatigued: less effective at our work, more easily distracted and more irritable.

**Bringing focus back**

I’ve definitely felt this myself, when I struggle to write a new post for Buffer every single day. I always wondered why I was still feeling drained by the next day, but it makes sense when you think about how our brains relax. Just because we spend time on something else doesn’t mean our brains are recovering. They need full rest periods.

There are a few ways to achieve this, which are worth working into your routine to keep your mind fresh and your ability to focus refreshed.
1. Meditate
I’ve written about the benefits of mediation before, which can help us to improve our attention spans. Because meditation is a practice in focusing our attention and being aware of when it drifts, this actually improves our focus when we’re not meditating, as well. It’s a lasting effect that comes from regular bouts of meditation.

*Focused attention is very much like a muscle, one that needs to be strengthened through exercise.*

2. Spend time in nature
One of Goleman’s suggestions for improving our ability to focus is to spend time in nature. This is to help our brains switch off—a study found that even going for a walk on a city street didn’t let the brain switch off enough to fully recover its focus, whereas walking in a park offered far fewer things for the brain to pay attention and respond to.

3. Lose yourself in something you enjoy
I love this last suggestion from Goleman and I think I’ll try to incorporate all three of these into my routine.

Goleman pointed out that when you’re completely wrapped up in doing something easy that you enjoy, your inner dialogue switches off. This lets your mind rest and recoup the ability to focus on difficult tasks again later:

*The key is an immersive experience, one where attention can be total but largely passive.*

This one’s easier said than done, but the benefits to our work could be enormous so I think it’s worth trying.

Do you have a great way of switching off and letting your brain rest? Let us know in the comments.
SCIO TREATMENT SUGGESTED for ADHD

**Color** – BLUE or set patient's favorite if desired, or choose color by chakra that is deficient

**Cosmic:** set 1 for physical body, 2 for astral, 3 for etheric, 4 for mental, 5 for cosmic, 6 for other

**Magnetic Method** - 9 for psych stress, 2 for energy stimulation

**Frequency** – 1111 hz

Scalar for 30 min once a month in early stages once a week in later stage

Auto Trivector for 30 min once a month in early stages once a week in later stage
Title: SCIO Eductor for ADHD

Part of the Following:

Large Scale Study of the Safety and Efficacy
of the SCIO/Eductor Device

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Abstract:

This study demonstrates the safety and effective qualities of the SCIO device used in a large scale study. A large scale study of over 100,000 patients with over 300,000 patient visits reported their diseases. Many of them reported this disease. And the results of their therapy are reported in this study. 1532 were treated 67% improvement was seen.

Introduction:

Overview:

This Large scale research was designed to produce an extensive study of people with a wide variety of diseases to see who gets or feels better while using the SCIO for stress reduction and patient monitoring. The SCIO is an evoked potential Universal Electro-Physiological Medical apparatus that gauges how an individual reacts to miscellaneous homeopathic substances. The device is registered in Europe, America, Canada, S Africa, Australia, S. America, Mexico and elsewhere. The traditional software is fully registered. Some additional functions where determined by the manufacturer to be worthy of evaluation. Thus a study was necessary to determine safety and efficacy. (As a result of these studies these additional functions are now registered within the EC)

A European ethics committee was officially registered and governmental permission attained to do the insignificant risk study. Qualified registered and or licensed Biofeedback therapists where enlisted to perform the study. Therapists were enrolled from all over the world including N. America, Europe, Africa, Australia, Asia, and S. America. They were trained in the aspects of the study and how to attain informed consent and transmit the results to the ethics committee or IRB (Institutional Review Board).

2,569 therapists enlisted in the study. There were 101,201 patients. 69% had more than one visit. 43% had over two visits. There were over 300,000 patient visits recorded. The therapists were trained and supervised by medical staff. They were to perform the SCIO therapy and analysis. They were to report any medical suspected or confirmed diagnosis. Therapist’s personnel are not to diagnose outside of the realm of their scope of practice. Then the therapist is to inquire on any reported changes during the meeting and on follow-ups any measured variations. It must be pointed out that the Therapists were free to do any additional therapies they wish such as homeopathy, nutrition, exercise, etc. Therapists were told to not recommend synthetic drugs. Thus the evaluation was not reduced to just the device but to the total effect of seeing a SCIO therapist.

Part 1. The emphasis was on substantiating safety followed by efficacy of the SCIO.

Part 2. Proving the efficacy of the SCIO on diseases (emphasis on degenerative disease)

Part 3. Proving the efficacy of the SCIO on the Avant Garde therapies of Complementary Med

Part 4. QQC standardization
Methods and Materials:

**SCIO Device:**

The SCIO is an evoked potential Universal Electro-Physiological Medical device that measures how a person reacts to items. It is designed to measure reactions for allergy, homeopathy, nutrition, sarcodes, nosodes, vitamins, minerals, enzymes and many more items. Biofeedback is used for pre-diagnostic work and or therapy.

The QXCI software will allow the unconscious of the patient to guide to repair electrical and vibrational aberrations in your body. For complete functional details and pictures, see appendix.

**Subspace Software :**

The QXCI software is designed for electro-physiological connection to the patient to allow reactivity testing and rectification of subtle abnormalities of the body electric. If a patient is not available a subspace or distance healing link has been designed for subspace therapeutics. Many reports of the success of the subspace have been reported and thus the effectiveness and the safety of the subspace link is part of this test. Many companies have tried to copy the subspace of Prof. Nelson and their counterfeit attempts have ended in failure.

**SOC Index :**

The SCIO interview opens with a behavioral medicine interview. This is called the SOC Index. Named after the work of Samuel Hahnemann the father of homeopathy, he said that the body heals itself with its innate knowledge. But the patient can suppress or obstruct the healing process with some behavior. Hahnemann said that the worst way to interfere with the healing natural process was Allopathy or synthetic drugs. Theses upset the natural healing process by unnatural intervention and regulation disturbance. Other ways to Suppress or Obstruct the Cure are smoking, mercury amalgams, stress, lack of water, exercise and many others. This behavioral survey then gives an index of SOC.

The scores relate to the risk of Suppression and Obstruction to the natural Cure. The higher the scores the more the Suppression and or Obstruction. The scores of 100 or lower are ideal. A copy of the SOC index questions appear in the appendix.

**Study Technicians :**

The study technicians were educated and supervised by medical officers. The study technicians were to execute the SCIO therapy and analysis. All were trained to the standards of the International Medical University of Natural Education. Therapists from all over the world including N. America, Europe, Africa, Australia, Asia, S. America and elsewhere were enlisted to perform the study according to the Helsinki study ethics regulations.

They were to chronicle any medical suspected or confirmed diagnosis. Therapists personnel are not to diagnose outside of the realm of their scope of practice. Then the study technician is to inquire on
any disclosed observations during the test and on follow-ups report any measured changes.

To test the device as subspace against the placebo effect, two of the 2,500+ therapists were given placebo SCIO devices that were totally outwardly the same but were not functional. These two blind therapists were then assigned 35 patients each (only 63 showed). This was to assess the double blind factor of the placebo effect as compared to the device. Thus the studied groups were

A. placebo group,     B. subspace group,     and     C. attached harness group.

Cross placebo group manipulation was used to further evaluate the effect.

**Important Questions**: these are the key questions of the study

1. Define Diseases or Patient Concerns
2. Percentage of Improvement in Symptoms
3. Percentage of Improvement in Feeling Better
4. Percentage of Improvement Measured
5. Percentage of Improvement in Stress Reduction
6. Percentage of Improvement in SOC Behavior
7. What Measured + How (relevant measures to the patient’s health situation)
8. If Patient worsened please describe in detail involving SOC

After the patient visit was complete the data was e-mailed to the Ethics Committee or IRB for storage and then analysis. This maneuver minimized the risk of data loss or tampering. Case studies were reported separately in the disease analysis.

**Results:**

Before we review the direct disease improvement profiles, we need to review the overall results. The first most basic of question in the results is the basic feedback of the generic patient conditions.

1. Percentage of Improvement in Symptoms
2. Percentage of Improvement in Feeling Better
3. Percentage of Improvement Measured
4. Percentage of Improvement in Stress Reduction
5. Percentage of Improvement in SOC Behavior
The SOC index gives us great insight to this study. Each disease has a different cut off where the ability of the SCIO to help was compromised. As a general index scores of 200 + where much less successful.

**Urinary Incontinence**

This disease group total number of patients was 1532

**Subspace Treatment 992 patients, 540 SCIO Harness Patients**

**OVERALL ASSESSMENT**

**A. Subspace Treatment 540 patient visits**

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

0 cases reporting no improvement of Symptoms, .001% of Subgroup

3 cases reporting no improvement in feeling better, .001% of Subgroup

3 cases reporting no improvement in stress reduction .001% of Subgroup

42%--- Percentage of Improvement in Symptoms

43%--- Percentage of Improvement in Feeling Better

40%----Percentage of Improvement Measured

40%-- Percentage of Improvement in Stress Reduction

22%----Percentage of Improvement in SOC Behavior

**B. SCIO Harness Treatment 1635 patient visits**

There were 0 cases of patients who reported a negative Improvement. None of these cases reported any major difficulty.

There were

1 case reporting no improvement of Symptoms, 0.01% of Subgroup

4 cases reporting no improvement in feeling better, 0.02% of Subgroup

1 case reporting no improvement in stress reduction 0.01% of Subgroup
65%--- Percentage of Improvement in Symptoms

69%--- Percentage of Improvement in Feeling Better

67%--- Percentage of Improvement Measured

68%-- Percentage of Improvement in Stress Reduction

49%----Percentage of Improvement in SOC Behavior
A random-assignment controlled study published this month in *Mind & Brain, The Journal of Psychiatry* (Vol 2, No 1) found improved brain functioning and decreased symptoms of attention-deficit/hyperactivity disorder, ADHD, in students practicing the Transcendental Meditation (TM) technique. The paper, *ADHD, Brain Functioning, and Transcendental Meditation Practice*, is
the most recent study demonstrating TM’s ability to help students with attention-related difficulties.

The study was conducted over a period of 6 months in an independent school for children with language-based learning disabilities in Washington, DC. The study showed improved brain functioning, increased brain processing, and improved language-based skills among ADHD students practicing the Transcendental Meditation technique. Neuroscientist Fred Travis, Ph.D., and other researchers performed electroencephalogram (EEG) tests to measure and record the electrical activity of students’ brains as they performed a demanding computer-based visual-motor task. Successful performance of the task required attention, focus, memory, and impulse control.

The study showed improved brain functioning, increased brain processing, and improved language-based skills among ADHD students practicing the meditation technique. In addition, students were administered a verbal fluency test. This test measured higher-order executive functions, including initiation, simultaneous processing, and systematic retrieval of knowledge. Performance of this task depends on several fundamental cognitive components, including vocabulary knowledge, spelling, and attention.
Eductor has a 2nd + 3rd Wave form Generator

With Quantum Biofeedback We can Deepen Meditation by Using ETM which is Electro-Transcendental Meditation. People can Attain Faster Results with More Mental Control, Less Effort, Relaxed Peace and Aware Enthusiasm.
Experts say that EEG measurement can help to diagnose ADHD as the ratio of theta brain waves can be used to accurately identify students with ADHD from those without it.

“In normal individuals, theta activity in the brain during tasks suggests that the brain is blocking out irrelevant information so the person can focus on the task,” said Travis. “But in individuals with ADHD, the theta activity is even higher, suggesting that the brain is also blocking out relevant information.” And when beta activity, which is associated with focus, is lower than normal, Travis added, “it affects the ability to concentrate on task for extended periods of time.”
“Prior research shows ADHD children have slower brain development and a reduced ability to cope with stress,” said co-researcher William Stixrud, Ph.D., a prominent Silver Spring, Maryland, clinical neuropsychologist. “Virtually everyone finds it difficult to pay attention, organize themselves and get things done when they’re under stress,” he said. “Stress interferes with the ability to learn—it shuts down the brain. Functions such as attention, memory, organization, and integration are compromised.”

**Why the TM Technique?**

Sarina J. Grosswald, Ed.D.

“We chose the TM technique for this study because studies show that it increases brain function and reduces stress. We wanted to know if it would have a similar effect in the case of ADHD, and if it did, would that also improve the symptoms of ADHD,” said principal investigator Sarina J. Grosswald, Ed.D., a George Washington University-trained cognitive learning specialist.
Transcending the thinking process:

Conscious Mind

Concentration • Contemplation • Mindfulness
Relaxation Response • Visualization • "Mantra" meditation
Christian Centering Prayer • Guided Meditation • etc.

Deeper Relaxation
Increased EEG Coherence

Transcending Transcendental Meditation

Many meditation practices tend to keep the mind engaged on active levels of thought, feelings, and sensations. Such practices, while beneficial, are not necessarily designed for effortless transcending or producing the deep physiological rest and extensive benefits gained from TM practice.

Restful Alertness

Inner source of energy, creativity and intelligence
Pure Awareness

EEG brainwaves

Gamma
Problem solving, concentration

Beta
Busy, active mind

Alpha
Reflective, restful

Theta
Drowsiness

Delta
Sleep, dreaming
Dr. Stixrud added, “Because stress significantly compromises attention and all of the key executive functions such as inhibition, working memory, organization, and mental flexibility, it made sense that a technique that can reduce a child’s level of stress should also improve his or her cognitive functioning.”

The Transcendental Meditation technique is an effortless, easy-to-learn practice, unique among categories of meditation. “TM does not require concentration, controlling the mind or disciplined focus—challenges for anyone with ADHD,” said Dr. Grosswald. “What’s significant about these new findings,” Grosswald said, “is that among children who have difficulty with focus and attention, we see the same results. The fact that these children are able to do TM, and do it easily, shows us that this technique may be particularly well-suited for children with ADHD.”

![Greater Involvement of Each Hemisphere of the Brain in Cognitive Functioning](image)

Previous research has found that during TM there is a unique experience of “restful alertness” in mind and body, an experience associated with higher metabolic activity in the frontal and parietal parts of the brain, indicating alertness, along with decreased metabolic activity in the thalamus, which is involved in regulating arousal, and hyperactivity. This restfully alert brain state becomes more present outside of meditation as a result of daily TM practice, allowing ADHD students to attend to tasks.

“While stimulant medication is very beneficial for some of my clients with ADHD,” adds Dr. Stixrud, “the number of children who receive great benefit from medicine with minimal side-effects is relatively small. The fact that TM appears to improve attention and executive functions, and significantly reduces stress with no negative side-effects, is clearly very promising.”
Increased Self-Actualization

Statistical meta-analysis of all available research (42 independent study results) indicated that Transcendental Meditation practice increases self-actualization (development of one’s full potential) by about three times as much as procedures of contemplation, concentration, or other techniques. Reference: *Journal of Social Behavior and Personality* 6: 189–248, 1991
Just 11 hours of learning a meditation technique induces positive structural changes in brain connectivity by boosting efficiency in a part of the brain that helps a person regulate behavior in accordance with their goals, researchers report.

The Electro TM Program of the SCIO/Eductor Will do this with ease.

At First ADDERALL Seems Like it Works and Then side effects including heart attack, stroke, elevated blood pressure +heart rate, even SUDDEN DEATH.

**Side Effects Include**
- DROWSINESS
- DRY MOUTH
- ACHES & PAINS
- RESTLESSNESS
- NAUSEA
- DIZZINESS
- CHILLS
- FATIGUE
- DISORIENTATION

**Doctor Caused Disease**
Now the Largest Killer
Because of Synthetic Drugs
Americans Spent 9 Billion $ on ADHD Drugs in 2014, and 20 Billion $ on the Side Effects
Our Society Cannot Afford to Ignore It All

Pharmacology Fact:
To Use a SYNTHETIC anything is an Insult to the Body

Synthetic Drugs are NOT the Answer

The Reason your Child is AD and or HD is not because they are Drug Deficient

Americans Spent 9 Billion $ on ADHD Drugs in 2014, and 20 Billion $ on the Side Effects

This too, long term side effects are big Killers

Natural Relief for A.D.H.D.
Number of Reports to the FDA's MedWatch System on Violent Side Effects of Psychiatric Drugs

- Aggression - 7,250 cases
- Mania - 2,795 cases
- Homicidal Ideation - 872 cases
- Hostility - 607 cases
- Physical Assault - 504 cases
- Homicide - 359 cases
- Psychosis - 191 cases
- Violence-Related Symptoms - 177 cases

**STIMULANTS AND THEIR SIDE-EFFECTS**

- **Ritalin** - stimulant to treat Attention Deficit Hyperactivity Disorder. Side-effects can include agitation, insomnia, and loss of appetite.
- **Modafinil** - stimulant marketed as Provigil for sleep disorders. Side-effects can include headache, nausea, nervousness and chest pain.
- **Donepezil** - marketed as Aricept and used to improve memory among Alzheimer’s sufferers.

Possible side effects are nausea, diarrhoea, abdominal pains and slow heart rate.

- **Inderal** - a beta-blocker used to treat high blood pressure and anxiety. Side-effects include slow heart rate, confusion, fatigue and dry eyes.
- **Dexedrine** - amphetamine-based drug used in the treatment of ADHD. Can cause loss of appetite, palpitations, and even heart attacks.

**Stimulants (Ritalin, Adderall) Act like Cocaine Directly in the Dopamine Cells**

Distribution in the Human Brain of Cocaine and Ritalin

- **[11C] Cocaine**
- **[11C] Methylphenidate**
# ADHD Medication Side Effects

<table>
<thead>
<tr>
<th>SHORT TERM EFFECTS</th>
<th>LONG TERM EFFECTS</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADDERALL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss of appetite, weight loss, insomnia, headaches, dizziness, irritability, nausea, restlessness</td>
<td>severe weight loss, malnutrition, various heart and blood pressure problems, addiction</td>
<td>Has been shown to be slightly more effective than Ritalin</td>
</tr>
<tr>
<td><strong>RITALIN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nervousness and insomnia, loss of appetite, nausea and vomiting, dizziness, headaches, increased heart rate and blood pressure, abdominal pain, weight loss, addiction and depression upon withdrawal</td>
<td>malnutrition, tremors, frequent fever, irregular heartbeat and breathing, anxiety, convulsions, hallucinations, delusions, and tic</td>
<td>Most commonly prescribed medication because it was introduced in the 1950s, much earlier than most other medications</td>
</tr>
<tr>
<td><strong>VYVANSE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>constipation, loss of appetite, dizziness, dry mouth, headaches, sweating, irritability, nervousness or restlessness, nausea, insomnia, unpleasant taste, upper stomach pain, vomiting, severe weight loss</td>
<td>slow growth in children, severe weight loss, malnutrition, various heart and blood pressure problems, addiction</td>
<td>Is used as a part of a complete treatment plan, including psychological and social treatment</td>
</tr>
</tbody>
</table>

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**FDA WARNING**

**Vyvanse side effects include:**
- sudden death and injuries 6 to 17 and adults
- new psychotic symptoms
**Attention Deficit Disorder & Hyperactivity Success**

by Allen Buresz, D.C.

### Table of Contents

- What Are the True Facts?
- Symptoms in Infants and Young Children
- Symptoms in Older Children
- Potential Causes
- Natural Light Deficiency
- Food Additives
- Avoiding Ritalin®
- Success By A Nutritional Approach
- Using Homeopathy
- References

**What Are the True Facts?**

The vast majority of medical doctors consider Attention Deficit Disorder (ADD) to be of unknown causes. Yet it's a known fact that the elimination of food additives and refined sugar produces dramatic improvements. Why haven't you been told this well-known fact? Considering the advertising revenues, it doesn't take a genius to see why the print and broadcast media have, for the most part, refused to publicize this vital information!

*Studies on Food Additive Use and Intelligence*

*Food Additives and Hyperactivity in Children*

ADD, hyperactivity, and dyslexia are believed to be disorders of certain mechanisms of the central nervous system. Infants and children are the ones most often affected, and most often
subjected to the widespread and indiscriminate use of drugs, especially Ritalin®, for quick shortcut suppression of deeper problems.

ADD interferes with the child's home, school and social life. Unable to screen out stimuli, the child is easily distracted. This usually intelligent child receives a label of being "learning-disabled" and finds the nervous system cannot be slowed down to focus long enough to complete an assigned task. Other symptoms may be head knocking, self-destructiveness, temper tantrums, clumsiness and sleep disturbances. ADD may exist with or without the hyperactivity aspect.

ADD has been diagnosed for hundreds of years, but more recently has become more prevalent due to the increased use of chemicals, pollutants, or heavy metal toxicity (such as lead, mercury, and cadmium). One estimates quotes over 1.3 million with Attention Deficit Disorder; another source quotes up to 3 million with Attention Deficit Hyperactivity Disorder.

Although genetics, infections and brain damage (trauma) have been cited as causes of ADD and LD (Learning Disabilities), these cases are quite rare compared to causes like a dysfunctional home, heavy metal toxicities, nutritional deficiencies, and food and chemical allergies. The majority of cases are caused by an immune defect and allergies to food additives, preservatives, chemicals, or inhalants. To deal adequately with this illness, we must address all these potential imbalances. Some of the nutritional deficiencies that correlate with LD or ADD are calcium, magnesium, iodine, iron and zinc. On the other hand, high copper, lead, cadmium and aluminum levels have also been seen in learning disabled children. (21)

Good nutrition during pregnancy and in the early years of the child's life may help in preventing ADD. Eliminating processed foods, artificial flavorings, colorings, preservatives, and sugars have been shown to help the hyperactivity aspect of the affliction.

Symptoms in Infants and Young Children

• Crying inconsolably
• Screaming
• Restlessness
• Poor or little sleep
• Difficult feeding
• Refuses affection and cuddles
• Head banging or rocking fits or temper tantrums

Symptoms in Older Children

• Impulsiveness
• Clumsiness
• Constantly moving
• Destructive or disruptive behavior
• Accident proneness
• Bouts of fatigue, weakness and listlessness
• Aggressiveness
• Poor concentration ability
• Vocal repetition and loudness
• Withdrawn behavior
• Restlessness
• School failure despite normal or high IQ
• Poor sleep with nightmares
• Poor appetite and erratic eating habits
- Poor coordination
- Irritable, uncooperative, disobedient, self-injurious, nervous, very moody or depressed
- Hypersensitive to odors, lights, sound, heat and cold
- Nose and skin picking or hair pulling
- Bed wetting (enuresis)
- Dark circles or puffiness below the eyes
- Red earlobes or red cheeks
- Swollen neck glands or fluid behind ear drums

Potential Causes

Many natural health oriented doctors believe that potential causes for the modern epidemic of Attention Deficit Disorders (ADD) and hyperactivity are:

1. Food additives
2. Refined sugar
3. Poor nutrition
4. Natural light deficiency
5. Food allergies
6. Heavy metal toxicity (such as lead, mercury, or cadmium)
7. Poor teaching methods combined with lack of discipline
**Natural Light Deficiency**

Dr. John Ott, the pioneer in light-deficiency disorders, proved an association of natural light deficiency with ADD in the school system in Sarasota, Florida many years ago. You can read about it in Dr. William Campbell Douglass' book, Into the Light. (A)

Dr. Douglass suggests that if your child or grandchild has been diagnosed with ADD, all the light bulbs in your home should be replaced with full spectrum lights (everyone should do this anyway). (8) You might also attempt to get the schools in your area to install full-spectrum lights.

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**Food Additives**

The belief that food additives can cause hyperactivity in children stemmed from the research of Benjamin Feingold, M.D. It is commonly referred to as the Feingold Hypothesis. According to Feingold, perhaps 40 to 50 percent of hyperactive children are sensitive to artificial food colors, flavors, and preservatives. They may also be sensitive to naturally occurring salicylates and phenolic compounds in foods.

Dr. Julian Whitaker has observed:

"Feingold's assertion that food additives are a problem in learning disorders has been subject to great debate over the past two decades. Practices that are profitable carry on and major economic interests have responded by hiring their own researchers to combat the results. Questions are asked in ways that will produce answers that undercut the challenging work and please the funding interests. The media publishes "conflicting reports." Politicians and regulators cite this conflict as their reason for inaction. Habits do not change easily. Feingold's work has stimulated a classic example of such debate, because the American food supply and American agribusiness is profitably enmeshed in the use of food additives.

Dr. Feingold made his original presentation to the American Medical Association in 1973. His strong claims were based on experience with 1,200 individuals in whom
behavior disorders were linked to consumption of food additives. Follow-up research in Australia and Canada has tended to support Feingold's thesis." (27)

Avoiding Ritalin®

In 1996 the World Health Organization warned that Ritalin® over-use has reached dangerous proportions. Hopefully, by being armed with correct information, you may be able to avoid using Ritalin® or other similar medications. Use of these drugs on a long-term basis is questionable. Safety of such long-term use is simply unknown, but many dangerous side effects have been increasingly observed. Ritalin®, for instance, may provoke seizures and suppress growth, or it may cause angina, blood pressure changes, depression or any of a very long list of serious side effects.

Dr. Robert Mendelsohn had once noted: "No one has ever been able to demonstrate that drugs such as Cylert and Ritalin® improve the academic performance of the children who take them.... The pupil is drugged to make life easier for his teacher, not to make it better and more productive for the child." (13)
Success By A Nutritional Approach

Most self-proclaimed "experts" on ADD and Hyperactivity disorders are unaware of the relationship between nutrition and ADD / ADHD, but they are quick to say that these are not important nor relevant. However there are enough studies that prove otherwise. For example:

1. A 1994 study at Purdue University found that boys diagnosed with ADHD had lower levels of the omega-3 essential fatty acid DHA (American Journal of Clinical Nutrition)
2. A 1997 study found that 95% of ADHD children tested were deficient in magnesium (Magnesium Research 10, 1997)
3. A 1996 study found that ADHD children had zinc levels that were only 2/3 the level of those without ADHD (Biological Psychiatry 40, 1996)

The cell membranes and synaptic endings of neurons in our brains and nervous systems are composed of DHA, an omega-3 essential fatty acid. These membranes go rancid unless protected with antioxidants. Since most people don't get enough DHA, other types of fats are incorporated into the brain, but they do not function as well because they are the wrong shape. Also, the all-important neurotransmitters are manufactured by the body from dietary sources. In order for these neurotransmitters to function well, the B vitamins, magnesium, zinc, and Vitamin C must all be present in sufficient amounts. Some studies have shown a relationship between fatty acid deficiencies and ADD, learning disorders, and behavior problems.

Some dietary suggestions that I have found to be helpful are:

1. VERY IMPORTANT! Supplement with natural concentrated nutritional supplements containing antioxidants, anti-inflammatory nutrients, vitamins, and essential minerals. The goal is to improve synaptic cell-to-cell communication.
2. Provide essential fatty acid (EFA) supplements (as in fish oil, flaxseed oil, DHA / EFA supplements, primrose oil).
3. Adjust the types of fats your family eats (good fats are olive oil, fish oil, canola oil and flaxseed oil; reduce all others). These are also helpful for the cardiovascular system, and can reduce the risk of cancer.
4. Eliminate, or at least reduce as much as possible, trans-fats (man-made hydrogenated oils which can be incorporated into your brain structure - processed food are full of them). These fats are also worse for your heart than saturated fats and are potential carcinogens.
5. Avoid food additives and highly processed foods.

Dr. Zoltan Rona, past president of the Canadian Holistic Medical Association, has pointed out the following important nutritional considerations in his best-selling book, *Childhood Illness and the Allergy Connection*:

"Micronutrient deficiencies or dependencies (e.g. zinc) can have deleterious effects on both short and long term memory. White spots on the nails could be a sign of zinc deficiency even when blood tests for zinc are normal. The expression, "No zinc, no think" is not without merit. Many studies have shown that zinc supplementation is helpful with memory, thinking and I.Q. The best way of getting zinc is to optimize the diet. The most recently published RDA (Recommended Dietary Allowance) for adults is 15 mgs. per day. The richest sources of zinc are generally the high protein foods such as organ meats, seafood (especially shellfish), oysters, whole grains and legumes (beans and peas). Studies show that cognitive development can be impaired when there are low iron blood levels. Deficiencies in B vitamins, particularly vitamin B1 and choline may also be involved.

"Since amino acids are the precursors to the neurotransmitters, low levels can lead to neurotransmitter deficiency. Higher than accepted levels may lead to neurotransmitter excess. One example of amino acid excess causing hyperactive behaviour occurs with the artificial sweetener, aspartame. Some children are highly sensitive to aspartame and scrupulous attention should be aimed at keeping this potential neurotoxin out of the child’s diet. In children who consume large amounts of aspartame in soft drinks or other processed foods, amino acids can be significantly abnormal."\(^{(21)}\)

Using Homeopathy

Children who have been diagnosed as being "hyperactive" or having Attention Deficit Disorder may have the following:

- Cervical segmental dysfunction (pressure or irritation in the neck or the junction of the neck and skull)
- Allergies to one or more foods (usually milk, cane sugar, chocolate, American cheese, or wheat (with sugar, additives, and cow’s milk being the most frequent problems)
Toxic metal accumulation (usually lead, mercury, copper, or aluminum)

For the spinal nerve pressure or irritation, some chiropractic adjustments (spinal manipulations) may be enough to correct this potential component. From what I have read of Dr. Upledger's CranioSacral Therapy, he says that ADD is commonly mechanically caused by an occiput that is jammed too far forward on the cranial base (apparently a common result of any sort of birth trauma, no matter how minor). Of those he's treated who've presented with ADD, I believe that he said 60 per cent of those had the "jammed occiput" condition. Of those with this mechanical problem, he experienced a 100 per cent cure rate. Unfortunately, the mechanical aspect is rarely examined by parents seeking help with ADD.

I always recommend elimination of refined sugar and food additives from the diet of the affected person. This has to be done to the best of one's ability, and obviously is not always 100 percent possible. Conscientious efforts on the parents' part, and frequent trips to health food stores and organic food suppliers are a must.

Suspension of all dairy product use for the first 6 weeks is also often recommended, since cow's milk products are very frequently involved in allergic or hypersensitivity reactions in these cases. A simple "leg length check" can often be useful in narrowing down potential food allergies. For example, if you suspect milk to be a potential problem, give a few drops of it under the tongue while the child is lying on his back with shoes on. If the child begins to react to the milk (or any other food being tested), then the previously equal in length legs will appear to suddenly become unequal in relation to each other (sometimes by as much as three fourths of an inch). I think you will be as amazed to see this phenomenon as I was when I first witnessed it three decades ago!

If there is reason to suspect toxic accumulation of lead, mercury, copper, or aluminum, then I use Metalstat homeopathic drops from Energique(C) for detoxification of heavy metals. Blood tests and hair tests are available for accurate testing, but since correction may be accomplished by inexpensive homeopathic drops, I seldom see a need to insist upon such testing (which can often add up to hundreds of dollars in expenses). Let's be practical and use common sense! The beauty of the action of homeopathic drops and remedies is that they function as a catalyst for the body's own inner healing mechanisms and resources to go into action to correct health imbalances. If the homeopathic being taken is not necessary, then nothing happens! If not used excessively, there are no harmful side effects to worry about as are often encountered with most prescription drugs.
Finally, in addition to all-natural nutritional supplementation (if it is a particularly difficult or long-term problem), it may be helpful for the child (and occasional adult) to take twice daily ADD HP(C) homeopathic drops from Energique.(C) to assist in the reorganization and coordination of the central nervous system back to an integrated whole. These drops contain homeopathically prepared potencies of Adrenocorticotropin, L-Dopa Phenolic, Gamma Aminobutyric Acid Phenolic, Norepinephrine Phenolic, Serotonin Phenolic, Lycopodium Clavatum, Calcarea Carbonica, Calcarea Phosphorica, as well as some others - and often reduce the time to when parents can see their children functioning without impairment. It should not be unusual to see a child get rid of his Ritalin®, get rid of his allergies, and get rid of the stigma of "A.D.D." and "hyperactivity" placed upon him or her when the measures discussed in this article have been carried out.

Remember, true health care should always seek to determine the causes of health problems. Obviously bad health habits and the causes of the problems then need to be eliminated. In my opinion, simply suppressing the effects of the causes or bad habits with drugs is not the optimum approach! Despite the fact that this seems almost childishly obvious, what do we see everywhere around us in today's health care?

References:

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