

## **SUCCESS WITH ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)** **A protocol of clinical success backed by a published study.**

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For the past 12 years, I have been recommending a nutritional approach to Attention Deficit Disorder and Hyperactivity in children. When Dr. Jack Tips visited my Wellington practice in 1997, he consulted with several of my patients and introduced programs for them based on Systemic Formulas. Of course, I had him consult with my most difficult cases and these included three male patients with attention deficit disorder and hyperactivity, and one female patient with a learning disability regarding reading.

Systemic Formulas proved to advance these cases and effect sound improvements in all four patients. Most importantly to me, the herbal approach has been effective in helping children avoid using amphetamine-type drugs to control this situation. This is most rewarding as the side effects of such drugs are devastating to the liver, the adrenal glands, and the nervous system as reported in *The Lancet* [Psychopharmacotherapy in children and adults with intellectual disability *Paramala Janardhanan Santosh, Gillian Baird* Volume 354, Issue 9174, Page 233] as well as the drug specification sheets (available from the apothecary).

Dr. Tips' protocol applied three formulas given with breakfast and supper as the hub:

**B (Brain)** for its ability to balance the intercommunication between the left and right hemispheres of the brain as well as provide specific nutrients to assist brain function.

**I (Eye)** for its ability to support the vision center of the brain and is particularly applicable for dyslexic tendencies.

**Hn (Heart Nerve)** for its ability to support the nerves in general.

Adjunctively, A diet that restricts sugar and food dye (candies, etc) is emphatically prescribed.

Recently, based on a 2<sup>nd</sup> Opinion email conversation with Dr. Tips, he referenced a study that supported the use of a blend of essential and non-essential fatty acids for HDHD. He cited results from his practice and so I had him send me the Systemic **BFO (Borage, Flax, Fish Oil)**. I deleted the omega three supplementation I was already using and substituted the BFO formula for six patients with ADHD. The results, which were already very good with the original protocol, took a giant leap forward. Evidently it is the combination of ingredients that makes the difference as the substitution of the BFO formula for the omega three supplementation I was already applying seemed to be a small change for such profound results.

A closer examination of the BFO formulas shows it to provide the elements of the successful study. The Fish Oil (no cholesterol or PCB's) provides the EPA (eicosapentaenoic acid) and DHA (docosahexanoic acid); the Borage provides the GLA (gamma-linolenic acid), and the FLAX oil provides the AA (arachadonic acid) in addition to other fatty acid components inherent in natural-source products and natural vitamin E to stabilize it.

Further, Dr. Tips suggested the addition of Systemic Formulas' *Dragon Rising* Supplements based on the personality, perceived emotional state, and circumstances of the patient. I've only begun to apply his insights, but am finding them quite helpful. Because two of the *Dragon Rising* formulas are so applicable to ADHD, I have included them in my basic protocol as the following states indicate:

<b>State</b>	<b>Formula</b>	<b>State</b>	<b>Formula</b>
Adaptability, poor	Sedate Earth	Laughter, inappropriate	Sedate Fire
Affectionate, overly	Sedate Earth	Overeats starchy foods to	
Agitation, inner	Sedate Fire	boost serotonin	Sedate Earth
Anger, bouts of	Sedate Earth	Public Speaking, fear of	Sedate Fire
Clingy	Sedate Earth	Rejection, fear of	Sedate Earth
Concentration, difficult	Sedate Fire	Restlessness	Sedate Fire
Depression	Sedate Fire	Self esteem low	Sedate Earth
Despair at being "left out"	Sedate Earth	Sweet craving	Sedate Earth
Hypersensitive to stimuli	Sedate Earth	Whines about trifles	Sedate Earth
Hypersensitive to reprimand	Sedate Earth		

Thus, based on Dr. Tips' insights and consistent clinical results, I propose the following protocol for the nutritional support of children with ADHD and related disorders. If child is unable to swallow capsules, mix the contents of the capsules in applesauce or peanut butter. This protocol is for a person 36 kilos (80 lbs.) or more. Adjust for younger/smaller children.

**With Breakfast: 1 B (Brain) , 1 I (Eye), 3 BFO, 1 Fire Sedate**

**With After School Snack, 2 BFO, 1 Hn (Heart Nerve), 1 Min, 1 EZV (Vitamin E, chewable)**

**With Supper 1 B (Brain), 1 I (Eye), 3 BFO, 1 Earth Sedate**

Here is the study for your information:

**FATTY ACID SUPPLEMENT MAY BE HELPFUL FOR CHILDREN WITH ATTENTION DEFICIT AND HYPERACTIVITYDISORDERS**

**Reference:** Richardson A, Puri B. A randomised double-blind, placebo-controlled study of the effects of supplementation with highly unsaturated fatty acids on ADHD-related symptoms in children with specific learning difficulties. *Progress Neuro-Psychopharmacol Biol Psychiatry*. 2002;26:233-39.

**Type of Study:** Randomized, double-blind, placebo-controlled trial

**Participants:** Forty-one children, ages 8-12 years, with both specific learning difficulties (mainly dyslexia) and above-average ADHD ratings. None of the children received an official diagnosis of ADHD or any other psychiatric disorder. The children were required to have pretreatment scores that were above the general population average for their age on three parent rating scales designed to assess ADHD-related symptoms according to DSM-IV criteria: the DSM Inattention, DSM Hyperactive-Impulsive and DSM Combined-type ADHD global scales from the Conners' Parent Rating Scales (CPRS-L). Exclusion criteria included the use of fatty acid supplements within the previous 6-month period and regular consumption of oily fish more than twice per week. In particular, none of the subjects were undergoing treatment for ADHD.

**Study Medication and Dosage:** Participants received 8 capsules of a daily supplement of highly unsaturated fatty acids (HUFAs) which provided: 186 mg of eicosapentaenoic acid (EPA), 480 mg of docosahexanoic acid (DHA), 96 mg of gamma-linolenic acid (GLA), 60 IU of DL-alpha tocopherol, 864 mg of cis-linoleic acid, 42 mg of arachadonic acid (AA) and 8 mg of thyme oil. The placebo group received olive oil.

**Duration of Study:** 84 days

**Outcome:** The main outcome measure was a difference in scores at both baseline and at 12 weeks between the treatment and placebo group in the CPRS-L scale, which is used to assess a range of behavioral and learning problems associated with ADHD. Within the CPRS-L scale there are seven subscales assessing individual features of ADHD (Oppositional, Cognitive Problems, Hyperactivity, Anxious/Shy, Perfectionism, Social Problems and Psychosomatic) and seven global scales (Conners ADHD Index, Conners' Restless-Impulse, Conners' EmotionalLability, Conners' Global Index, DSM Inattention, DSM Hyperactive-Impulse and DSM Total.)

**Key Findings:** Twenty-nine children completed the 12-week study with 15 in the active supplement group and 14 in the placebo group. At the end of the 12 week period, the active treatment group had significantly lower scores than the placebo group on two global scales- Conners' Global Total ( $p = 0.05$ ) and the DSM Inattention ( $p = 0.01$ ), and a trend towards lower scores on three subscales- Psychosomatic ( $p = 0.01$ ), Cognitive Problems ( $p = 0.02$ ) and Anxious/Shy ( $p = 0.02$ ) as well as the global scale Conners' Restless-Impulse ( $p = 0.09$ ). Within the placebo group there were no improvements on any scale at 12 weeks and for Conners' Index, there was a significant deterioration ( $p = .03$ ) compared to baseline.

**Clinical Implications:** Over the past few years there has been a growing interest in the role that essential fatty acids may play in the treatment of ADHD. While a recent placebo-controlled trial using 345 mg/day of DHA for four months found no efficacy in treating ADHD (J Pediatr 2001; 139:189--96), this pilot study lays the groundwork for looking at a product that combines DHA with AA and GLA. Future trials should be longer in duration and preferably use children with a clear diagnosis of ADHD as opposed to the rather heterogeneous group used in this trial.