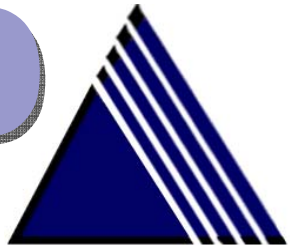
ADD/ADHD



GANT DIRECTIVES *BY CHARLES GANT MD PHD NMD*

A Rational Approach To Attention Deficit/Hyperactivity Disorder

Distractibility, impulsivity and restlessness are the three cardinal symptoms of Attention Deficit Hyperactivity Disorder or ADD/ADHD. The diagnosis is further subdivided into three categories: 1) those with predominantly impulsive, restless and hyperactive symptoms 2) those who are easily distracted and inattentive and 3) those who have a mix of both types of symptoms. Because there is no pathological abnormality or diagnostic test, such as a chest X-ray or a lab test, that defines ADD/ADHD, some have questioned whether the disorder exists at all. But regardless of what we choose to call it, the symptoms of distractibility, impulsivity and motor restlessness are real. In some individuals these symptoms are severe enough to adversely impact their scholastic, vocational and interpersonal functioning.

The psychiatric profession has generally taken the position that there is no known cause of ADD/ADHD and that therefore, the best treatment option is symptom management with various medications. Actually, this is an accurate assumption – there is no known cause. However, there is a growing body of scientific evidence that there may be causes or risk factors that act in coordination to influence and possibly cause the symptoms of ADD/ADHD. These risk factor categories cluster around eight general areas:

1) Food and additive allergies1-20 (20 publications and/or peer-reviewed studies)
2) Heavy and toxic metal toxicity and other environmental toxins21-32 (12 publications and/or peer-reviewed studies)
3) Low-protein, high-carbohydrate diet33-35 (3 publications and/or peer-reviewed studies)
4) Mineral imbalances36-48 (13 publications and/or peer-reviewed studies)
5) Essential fatty acid and phospholipid deficiencies49-53 (5 publications and/or peer-reviewed studies)
6) Amino acid deficiencies54-59 (6 publications and/or peer-reviewed studies)
7) Thyroid disorder60-63 (4 publications and/or peer-reviewed studies)
8) B vitamin and phytonutrient deficiencies64-70 (7 publications and/or peer-reviewed studies)

These studies suggest that certain nutritional deficiencies (e.g., zinc or omega-3 fatty acids) and certain toxicities (e.g., lead and food allergies) in these eight risk factor areas are especially likely to play a role in causing the symptoms of distractibility, impulsivity and motor restlessness. Our clinical experience in hundreds of patients indicates that targeted nutritional supplementation, which takes into account the information available from studies such as those listed below, is quite effective in reversing the symptoms of ADD/ADHD in most individuals. Various formulations that combine such targeted supplementation are available. Using computerized continuous performance testing to measure outcomes, our pilot studies71,72 suggest that regular administration of some of these combined food supplements effectively alleviates the symptoms of distractibility, impulsivity and motor restlessness($p<.001$). Proposals for larger and controlled studies73 have been submitted which are focused on bringing clinicianco-investigators into these studies to test the efficacy of various combinations of nutritional supplements.

I welcome questions from clinicians who are seeking information about nutritional protocols in the treatment of ADD/ADHD or from those interested in participating in clinical trials. Different protocols may be more suited to meet the economic and clinical needs of your patients. Please contact me at 888-472-1476, or at PowerRecovery1@aol.com. Find more information at www.CharlesGantmd.com.

**Statements within have not been evaluated by the FDA. Products are not intended to diagnose, treat, cure or prevent any disease.*

ADD/ADHD

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