

**Learning Disabilities**  
**Special Report #15**

# ***Learning Disabilities***

## ***...What Your Doctor Doesn't Tell You!***

**The Institute Of Nutritional Science**

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This Special Report does not intend to diagnose disease, nor to provide specific medical advice. Its intention is solely to inform and to educate. The author intends that readers will use the information presented in this report in cooperation with the advice of a qualified health professional trained in such field.

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### **Dr. K. Steven Whiting - Biography**

Dr. Whiting is an Orthomolecular Nutritionist. His degrees include a Masters in Psychology as

well as a Doctorate in Biochemistry earned at International Universities.

Three decades of personal, practical experience in the field of human nutrition have earned him an international reputation, not only in the understanding of the human body and the profound effect that nutrition plays in protecting and preserving the body, but also in the outstanding results that he has consistently achieved while working with clients and patients on a global scale.

**Dr. K. Steven Whiting**

His commitment and dedication within the nutrition field has led him to extensive research into such chronic conditions as Heart Disease, Arthritis, Diabetes, Osteoporosis and Prostrate problems to name but a few. The result of this research has been pivotal in the development of nutritional protocols for the prevention, management and reversal of these conditions.

Studies he has conducted have led to a totally new system of weight management, based on '*Body Typing*', wherein HOW a persons body handles food is evaluated BEFORE they are put on a weight management program that's customized for them.

More recently, he has focused his attention on the human immune system. His subsequent research into deep viral infections has led to the use of oxygen therapy as well as other potent, all-natural immune boosters for the management of immune-compromised conditions.

Further, his work with AIDS and cancer patients, using meditation, biofeedback and visualization has received worldwide attention.

Dr. Whiting has served both as Consultant and Staff member to many of the leading alternative and complimentary hospitals in Europe and Latin America, where he has had the opportunity of applying his concepts to those individuals who were in most need. This has resulted in the development of nutritional support protocols for a variety of chronic health challenges.

Through his international affiliations, he remains current on the very latest progressive applications of nutrition for a wide variety of chronic degenerative disorders, for which orthodox medicine has offered little hope.

In 1991, Dr. Whiting founded *The Institute Of Nutritional Science*, an international organization, with offices in London, England, Den Haag, The Netherlands and San Diego, California. The purpose of The Institute is to gather information and conduct research on how natural supplements can prevent, manage or reverse disease conditions.

The Institute publishes *The Journal*, available by subscription, to disperse nutritional information, relevant to disease, in an easy to understand, user-friendly fashion.

As an author, Dr. Whiting has published a series of Self Help booklets and reports on nutrition and its role in preventing, managing and reversing disease. A text- book, entitled *Gaining and Maintaining Total Health*, and *Self Health –Your Complete Guide To Optimal Wellness*, which rapidly became a best seller after its first publication in 1996. He also authored *You Can Be ...Well At Any Age : Your Definitive Guide To Vibrant Health and Longevity*, is the most comprehensive work of its kind, containing over 250 protocols for a wide spectrum of human health challenges. His most recent work, *Healthy Living Made Easy*, is designed for the busy, stressful lifestyles we all live and how to ensure we are still able to hedge our bet against chronic diseases.

Author, Lecturer, Teacher, Product Formulator and Consultant, Dr. Whiting is dedicated to helping others in helping themselves toward a more healthful existence, through a better understanding of the nutritional needs of the body. He is the exclusive formulator of all the nutritional products for Curves Fitness Centers, the largest business of its kind in the world.

He is committed to empowering individuals with the very latest nutritional information, safe in the knowledge that this will serve to enhance both the quality and the quantity of life for everyone in the years ahead.

# **Drug Free Answers To Correcting Learning Disabilities**

***....What Your Doctor Doesn't Tell You!***

**By K. Steven Whiting, Ph.D. with Bernard Rimland, Ph.D.**

## **Introduction**

Most of us hold the time of childhood and youth dear to our hearts. We look back at our "days of summer" with pleasure and fondness. The carefree days of childhood will, for many, be unparalleled in freedom and unfettered pursuit of happiness. But unfortunately, not all children have good childhood experiences. They do not have happy memories of what should have been their cheerful formative years.

The incidence of child neglect and abuse, in many forms, is present in our society. Physical and emotional abuse, as terrible as it is, makes up for only a fraction of the 'sins' we heap upon our 'beloved children'. Of the 130 million children born every year, 17 million will be dead before their fifth birthday.

To further bring this catastrophic condition into focus, over 50,000 children die of infection and malnutrition *every 24 hours!* The United States has, by a long shot, the most costly medical system ever developed in the history of civilization yet the mortality rate for babies born in this country is appreciably higher than in many other developed countries. In fact there are 18 other countries that have fewer infant deaths per capita than the United States!

Poor nutrition, alcohol and drug abuse by parents trying to conceive and carry 'healthy children', pregnancies by females with bodies too young to provide for a developing fetus and physical and emotional trauma to the unborn all contribute to this dismaying statistic.

Reports show that not more than one child in ten has the start in life that they could or should have. Potential life begins at the moment of conception and from that moment the future health and well-being of each child is affected by everything that happens to it.

There is a tremendous intelligence present in the forming child. It is far more aware within the womb, than most of us realize. Immediately after birth, the newborn child is busy gathering information about its surroundings. It sees, hears and *feels* everything and begins to use that information in forming its personality.

As our children pass through their first few formative years, we force them to subsist on a diet that has long been proven to kill any other living thing. Nine out of every ten children is addicted to sugar before the age of four. The diets of most children consist of highly refined, processed carbohydrates that seriously overload a tiny, delicate digestive system.

Poverty, which is very prevalent in the United States, further exacerbates the problems of poor diet. It is estimated that over 14 million children in the United States live well below the poverty line and that condition contributes directly to the death of over 12,000 American children every year.

In his book *Children In Trouble* Howard James writes, "*Far more valid research has been done on raising pigs, chickens, corn, or cucumbers, than on solving the problems of our troubled youth.*"

The diets of animals in zoos are treated as a science, with top nutrition experts employed to insure the health and well being of their exotic residents. Yet, the diet of the offspring of our own species is left to the hands of junk food manufacturers whose main desire is bottom line profit and whose least desire is human nutrition.

In the author's opinion, and perhaps to your amazement, we do not live in a child loving society. If anything, we are an anti-child culture. Our children, frequently, come last, rarely first where they belong. They are ignored, rejected, poorly nourished and shuffled from one unstable situation to another until they are four or five years old, at which time they are forced into a public school setting where they are once again just a number on a file card.

What is a truly healthy child? I propose, one who loves and is in turn loved; one who is nourished, both emotionally and nutritionally; one who is cared for by enlightened, concerned parents and care givers whose attention is on the child and his or her development.

What of the ever increasing number of children who are '*less than normal*', whatever normal is? Each year the number of Learning Disabled children rises and continues to flood a public school system. Our public school system, as is becoming increasingly obvious, is inept, at best, in dealing with their needs.

Children who are advantaged may cope through their school years, but what is the answer for those who have special needs? Some parents do not choose to make the time to address their children's needs.

Learning Disabled children at every level, need even more nurturing and support. Some parents and care givers have a destructive habit of passing responsibility for our problems to someone else. We take our "*difficult*" children to medical doctors who prescribe dangerous drugs to subdue the child's behavior and satisfy the parents. But what of the long-term effects of this irresponsible approach?

In addition to making our children drug addicts before they have the right to choose for themselves, we set them up for future failures by teaching them that problems can be solved by taking pills. Is it any wonder then that drug and alcohol abuse is three times higher among teenagers who were, or are, Learning Disabled?

Each of us makes choices. It is bad enough that we make destructive choices which affect our own mortality. When we make destructive choices for the little ones entrusted to our care, we commit the most immoral of acts.

Our interest is to encourage parents to make time for their children, and we specifically want to encourage the parents of these Learning Disabled children. We know that those parents understand that their children need special attention, and their efforts on behalf of their children can be addressed in a new way.

For these parents, this Special Report presents the Orthomolecular approach. By definition, Orthomolecular means "*correct molecule*". This philosophy includes altering the diet and introducing the correct amount of natural dietary supplements to bring an imbalanced biochemistry back into balance.

The Orthomolecular approach to the management of Learning Disabilities of all kinds will take parental time and attention, but unlike drug therapy, it reaches at the cause of the problem. With time, this procedure can make a permanent difference.

With the application of bio-electrical trace minerals to the present Orthomolecular approach, we are seeing a greater response in a shorter period of time. This is our better way. Children with Learning Disabilities at any level can be helped. It just takes someone who cares. The following is offered to be used as stepping stones to that end.

## **What Constitutes A Learning Disability?**

For a term that was hardly known before the 1960's, Learning Disability has come to include everything from unexplained behavior patterns to Clinical Autism and everything in between.

Learning Disabilities, in their myriad forms, have emerged as one of the most wide-ranging medical problems of children residing in developed countries where communicable disease is no longer a major threat. The insidious thing about Learning Disabilities is the difficulty of recognition.

We must be quick to identify the problem exists. If we are slow in recognition, and proper treatment is not forthcoming, the problem frequently becomes lifelong, which not only gets worse but contributes to a host of other physical and emotional problems.

Learning Disabled children often grow up displaying antisocial behavior. They can be withdrawn and have difficulty in communicating. This can lead to problems in all phases of the individual's life including job, social interaction, and personal and family lives. If a Learning Disabled child is not helped they all too often grow up to be handicapped adults.

Learning Disabilities are rarely outgrown. By definition, a Learning Disability is a condition that affects one or more of the elementary processes involved in understanding and applying language skills, either spoken or written. Specific areas of deficit might include one or more combinations of an inability to listen, think, speak, write, read, spell or engage in mathematics.

In these individuals, the perception of one or more of these factors might be impaired. There might be Dyslexia (the impaired ability to read or write causing the individual to reverse words or letters); or Aphasia (a difficulty in speech or understanding the spoken word).

Such learning disabilities are often referred to as Attention Deficit Disorders or ADD. Frequently, children who display these characteristics also have difficulty with emotional stability and are subject to outbursts ranging from excitement to severe anger. All things considered, these children can be a monumental challenge for parents and educators who are not equipped to properly handle such situations.

In their distress, parents seek the advice of family physicians who, because of a lack of expertise in this field, frequently prescribe drugs in an attempt to corral the explosive behavior and decrease the learning handicap. Drug therapy has never cured a single case of learning deficit. Mask, cover, temporarily take away symptoms, yes - but cure, no!

Our society is rife with adults who were drugged as children. They still have the same learning problems. Some may have learned to hide or otherwise compensate through time, but the problems remain because the cause of the problems remains.

Why so many Learning Disabilities go unaddressed can be traced to the subtlety of the behaviors. A very sick child is accommodated, most often cared for and helped. The child with mild to moderate learning disabilities is frequently misunderstood and ridiculed, unrelieved in their distress, instead of helped.

Their parents, teachers, siblings, relatives and friends, often use them as scapegoats. Other children can be a source of extreme emotional cruelty. When a classmate falls behind, the accepted norm his peers will frequently make remarks like *"she talks like a baby"*, or *"he can't even remember his own phone number"*.

The biggest complaint of parents and poorly trained teachers is that these children are constantly saying *"I won't do it"*. They are punished, physically and emotionally, for what is interpreted as a rebellious attitude, when in fact, these children are really saying *"I CAN'T do it."* They're just too embarrassed to admit it.

Frequently, children with Learning Disabilities are far more sensitive and caring than the so-called '*normal*' groups. They may excel almost to the point of being gifted in certain areas. Unfortunately, they can also be functionally bereft in other developmental necessities.

Unfortunately, guilt plays a powerful role in the emotional downward spiral that many Learning Disabled children and their families must endure. Parents are guilty, blaming themselves for not providing that something that seems to be missing. The child grows up feeling inadequate and guilty that they are unable to "*perform*" according to the expectations of parents, teachers and peers.

This guilt accelerates and complicates the emotional destruction of the child, contributing to feelings of failure as he or she matures. This results in a young adult, unable to establish social appropriateness, who takes extreme measures to find acceptance.

It is common that such children turn to drugs and alcohol for comfort and acceptance. A recent survey by the Bureau of Prisons shows that a vast majority of the inmates in our nation's jails are, totally or functionally, illiterate. While there are many causes for this illiteracy, one cannot help but wonder how many such individuals were forced into a life of crime because they were unable to cope with their Learning Disabilities.

Many of the serious social problems we face today may, in fact, have their roots in young childhood. All too often, parents either do not recognize hyperactivity and learning disorders or they are in denial as to their existence.

Due to the wide variance of symptoms and manifestations, such conditions often elude diagnosis. The tragedy of labeling these children as "*retarded*" is another factor of neglect to be considered. Thousands of children are imprisoned in institutions by ignorant, unscrupulous medical doctors and/or frustrated parents. Children are placed in residential facilities simply because they have behavioral problems or are developing at a slower rate than other children.

Even if the child manages to escape this ultimately destructive process of institutionalization, he will never achieve his full potential unless the *cause* of his problem is addressed. How do we go about addressing the cause of a condition that has so many facets, faces and combinations? It is not as difficult as it might seem.

Orthomolecular Nutrition offers potential hope for many forms of Learning Disabilities. Does that mean that this approach is a panacea? No. Unfortunately the human mind is still a mystery in many ways and there is much we do not yet understand. No form of treatment is 100% effective, 100% of the time, but the natural Orthomolecular approach using properly adjusted dietary supplements has shown to have the greatest single percentage of success. Does that mean I am totally against the use of medications in all instances? No. There are some situations where medication can be of benefit, but only for the short term, not as a lifelong sentence.

Medication, if needed, should only be used until the body chemistry of the child is properly adjusted through the use of natural substances. We should also keep in mind that over half of the children with Learning Disabilities are not helped at all by drug therapy. And what of those that seem to be helped? What have we really accomplished if we succeed in quieting a fourth grade child with medication but he still has only a first grade ability in reading?

Drugs are peddled legally by ignorant, lazy medical professionals all too easily. When this doping includes children, the crime is worse. Why are we not addressing the real causative factors instead of taking a short cut with terrible potential side effects?

Instead of covering up symptoms with drugs, we should be looking at these symptoms with great interest for the information that they can give us. We should be seeking answers to how the child relates to family, teachers and peers.

We should be asking how the mother's pregnancy and child's birth proceeded. Were they normal? Did the mother have adequate nutrition during the formative nine months of her child's growth and development? What was the child's state of health at birth? During the first few years what types of behavior did the child exhibit? What kind of a diet is the child fed? Are there any connections between diet and variances in behavior? Does the child have certain food and drink cravings?

The answers to these questions can help to build an Orthomolecular program that can alter the root of the child's disability instead of making it go away. Of all the factors that we have mentioned, perhaps more than any other single thing, diet (or rather poor diet) is the greatest contributor to your child's Learning Disabilities.

Any program that attempts to help these children out of the shadows of Learning Disabilities must first focus around diet. Then be followed with dietary supplementation, adjusted for individual needs.

Let's take a closer look at some of the factors that contribute to childhood Learning Disabilities more closely and see how we can use this knowledge in preventing and correcting these debilitating problems.

## **Factors Contributing To Learning Disabilities**

The science, or perhaps better stated, the philosophy of Orthomolecular Nutrition is about 30 years old. In that time we have been able to isolate several factors that have an overwhelming connection to creating potential Learning Disabilities. Some of the obvious factors include toxic metal poisoning of soft tissues, an impaired ability to manage glucose, food & environmental allergies, and less than optimal conditions during the nine-month gestation period.

In preparing to address any Learning Disability condition, we must insure that these pivotal factors are examined and dealt with accordingly if we hope to produce beneficial results. One of the first areas of consideration in all Learning Disabilities is the possibility of heavy metal toxicity. This can occur in some individuals when the levels of metallic, inorganic minerals build up in the soft tissues of the body.

It is important to digress, for just a moment, and offer an explanation of minerals to the reader. We will be referring to various minerals as being beneficial as well as being harmful. The difference lies in the type of mineral being ingested. Most of us are used to taking vitamin supplements and for the most part, they are all very similar in their internal action on the biochemistry of the body. This is not the case with minerals, however. Not ALL minerals are created EQUAL!

There are, essentially, three forms of minerals that can be taken internally. Firstly, what is referred to as 'metallic' minerals or more accurately called Inorganic Minerals. This form of the mineral comes from rocks, clays, sea & lake beds and so forth.

Due to the electrical properties of these minerals as well as their large size, they are not only extremely difficult to absorb, but represent the most toxic form of all minerals.

The second form of mineral is the Chelated Metallic Mineral. These minerals are, as in the first example, except that they have been bound chemically with an acid (the best form is with an Amino Acid). By acidifying the mineral the absorption rate is increased considerably. Most Chelated Metallic Minerals are between 30% and 60% absorbable. Generally, this is the ideal form of supplementing major minerals such as Calcium, Magnesium and Potassium.

The third form of mineral supplement is the Colloidal Organic Bio-Electrical Mineral. Due to the electrical charge of these minerals, which has been altered via the chemistry of a living plant, they are very highly absorbable (between 85% and 98%).

Further, because of their '*living electrical charges*', they cannot be stored in the body for any length of time and therefore cannot reach toxic levels. Organic minerals need to be replaced on a daily basis just like water soluble vitamins.

## **Toxic Heavy Metal Poisoning**

When we refer to toxic mineral levels in the body, we are *always* talking about '*metallic*' or inorganic minerals. Elements such as Lead, Arsenic, Cadmium and Mercury are all extremely toxic in their inorganic state, since the body cannot metabolize or utilize them effectively. They are stored and can reach very high levels of concentration, affecting the mental and physical well-being of the individual.

If a child (or anyone for that matter) demonstrates potential learning disabilities, one of the first steps would be to have a Hair Mineral Analysis done. This will quite accurately show any levels of toxic inorganic minerals that might be present in the body. If such levels exist, Chelation, in one form or another, should be considered to remove these minerals from the body (*see the section on Nutrient Supplementation for an easy, effective method of Chelating*).

When might you suspect heavy metal poisoning? It should be considered in ALL cases of Learning Disabilities, but especially under

circumstances where a child's behavior suddenly changes. When a child is observed to be increasingly irritable, moody, emotional and subject to uncontrolled tantrums of temperament, suspicion should be aroused.

Lead is one of the greatest offenders in small children. Despite the efforts to remove Lead from the environment, such as in paints and gasolines, Lead is still prevalent in and around us.

Older homes still have coats and coats of Lead based paint on everything within the environment. Children chew on all of it. Paint on walls, window sills, and furniture are regularly ingested by sampling youngsters.

Serious Lead poisoning or toxicity can lead to depression, seizures and even permanent mental retardation by altering the biochemistry in which the brain must function.

While emphasis has been placed on Lead as a source of toxicity in children, we must not overlook other minerals which, in their inorganic form, are as bad, or even worse than the Lead in our environment and its impact on well-being.

Cadmium and Mercury are becoming an ever-increasing problem for us all. The major source of Cadmium is in cigarette smoke. Cadmium is used in several forms in the processing of cigarette tobacco. When the tobacco is burned, the Cadmium is released into the air and is inhaled by those around it. (Note: Cadmium is present only in cigarette smoke. It is not found naturally in the tobacco plant.)

Cadmium is naturally offset by Zinc. When Zinc levels are low in relationship to Cadmium, Kidney function may be affected causing Hypertension and ultimate Kidney failure. It is also interesting to note that Selenium, like Zinc, is a natural antidote to both Cadmium and Mercury poisoning. The removal of these minerals from the body tissues can be likened to a house cleaning.

Because the environment presents these toxic forms of minerals to us daily, this house cleaning must be an ongoing process. Anyone interested in obtaining a Hair Mineral Analysis and has trouble finding a reputable lab may obtain the test through The Institute of Nutritional Science.

## **Sugar Overload**

The next area of consideration, which is of vital importance in the management of learning disorders, is the child's ability, or in most cases, inability to handle the overabundant excessive intake of sugars in the diet.

Sugar is, by far, the greatest addiction in the United States. It is far more excessive than all other forms of substance abuse combined. Yet, little attention is given to this insidious condition, and the slow but surely destructive consequences of its abuse. At the turn of the last century, a mere 100 years ago, Diabetes was number 100 on the list of frequency of illnesses. That meant that there were 99 other diseases that you could get more readily than Diabetes.

Today, diabetes is number 3 on that same list. What could possibly change so drastically to cause Diabetes to become an epidemic? Consider that in 1895 the average American consumed 3 to 4 pounds of sugar per year. It was a treat to ride into town and pick up a nickel bag of candy from the general's store and it would last a week! Maybe on a Sunday, mama would bake a pie for the family sit down dinner.

Today, the average American (not the "chocoholic") consumes his or her own bodyweight in sugar every year!!! All of this highly refined '*rocket fuel*' must be metabolized rapidly by the Pancreas which must produce Insulin, the hormone responsible for converting blood glucose into the stored form Glycogen and eventually Triglycerides.

When we pack high amounts of sugar into the bodies of small children, it makes them run like a jet engine. When the sugar is converted by Insulin, as it must be, the blood sugar often drops below optimal levels producing a temporary state of Hypoglycemia and the loss of energy, frequently producing lethargy. Does that sound like your child?

The number one cause for mood swings, characterized by Hyperactivity one minute and lethargy and moodiness the next, is the over-consumption of sugar laden foods. Everything has sugar in it. It is the cheapest preservative the food industry can possibly use to increase the shelf life of processed foods.

When children start off their day with a glass of concentrated fruit juice, a bowl of sugar-filled cereal to which they have added more sugar or white toast with jam or jelly and a glass of chocolate milk, is it any wonder that a roller coaster ride of moods and emotions will soon follow?

Monitoring the child's diet is frequently a neglected factor in this program because it takes attention and constancy. Parents frequently have similar unhealthy eating habits and are not willing to alter them for the sake of their children. Too bad, because without a doubt, A DIET FILLED WITH REFINED SUGARS IS THE NUMBER ONE CAUSE OF BEHAVIOR PROBLEMS, MOOD SWINGS, AND ATTENTION DEFICITS IN YOUNG CHILDREN.

There are several things you can do to offset the detrimental effects of sugar. The minerals Chromium and Vanadium have been shown to assist the body in the metabolizing of Glucose. The effectiveness of these elements is greatly enhanced by the addition of the Amino Acid, Aspartic Acid. This combination does not, however, permit continued dietary abuse. Too many people make the decision to try an Orthomolecular approach only to continue their destructive habits and then complain afterwards that "*it didn't work*". Perhaps what is needed is a little reality check!! Yes?

## **Starting Out On The Wrong Foot**

For most of us, disadvantages to good health accrue from the time of conception. Gestation is the most important time in our physical lives. What good and bad happens to us during the nine-month fetal period will have lasting effects the rest of our lives.

The mother's state of health at the time of conception and all during the nine-month period is vitally important for both mother and child. Lack of proper nutrients, in adequate supply, can produce deficiencies with catastrophic consequences.

Further, if the expectant mother pollutes her internal biochemistry with drugs, alcohol, nicotine, or even caffeine, she is poisoning the child's environment, which the child is unwillingly subjected to for nine months.

Malnutrition during pregnancy can often result in impaired social skills and slow emotional development during the child's formative years.

Fortunately, breast-feeding is once again gaining popularity with women in the United States. It seems amazing that something so primal and vital to an offspring's life and well-being must be governed by fads and popularity.

A few years ago, very few women took the time nor had the inclination to engage in something as inconvenient as breast feeding. Society did not support its vital nature. In so many ways, these faddists cause us to remove ourselves from our human impulses. This separates us from nature, and we lose something of our humanity. Breast milk contains all the right ratios of proteins, fats, and carbohydrates for human growth and development.

Further, the natural antibodies present in human milk help to strengthen and activate the Immune System of the newborn child. Anyone who is planning to have a child should insure that the nutrition of both mother and father is adequate several weeks or months prior to conception, and that BOTH mother and father avoid the use of potentially gene altering substances such as recreational drugs, alcohol to excess and nicotine. The sacrifices you make for your children before and after conception will reward them throughout their entire lives.

## **Food & Environmental Allergies & Sensitivities**

Allergies or sensitivities to foods or non-foods can have a marked effect on the behavior and brain function of small children. As adults, we have become accustomed to the concept of Allergies. In fact, it is, frequently, an over-used excuse for a variety of behavioral problems. In children, allergies, and more commonly food sensitivities, can contribute to a variety of Learning Disabilities.

By definition, an allergic reaction to a substance produces rapid symptoms which can include rashes, itching, flushing of the skin and so forth. If your child is food sensitive, however, the symptoms may not be so easily recognized. They include muscular pain, mood swings, depression, headache, rapid heart beat, upper and/or lower gastrointestinal discomfort or difficulty in concentrating. These symptoms may not occur for several hours after being exposed to the

offending food or substance.

The symptoms might last for as little as 20 minutes or as long as 3 or 4 hours. Most of us have some food and environmental sensitivities, but seem to handle them with little impact on our lifestyle.

Children who are sensitive and predisposed to Learning Disabilities, however, can react much more violently upon contact with a '*guilty*' food or substance. We must remember that any substance, or food, can potentially be the cause of an allergic or sensitivity reaction. The best way to determine if allergies or sensitivities are a factor in your child's behavior patterns is to observe the reactions following exposure to various foods and other substances.

Typical sources of offending chemicals or proteins, with regards to children, include: pets, dust, feathers, artificial colors and flavors in foods, cleaning agents, felt-tip pens, inks, paints, tobacco, perfumes, and almost any food. Further, food additives and preservatives used in processed food products are another major cause of irritation in children.

How do we begin to unravel potential allergies and sensitivities in our children? A basic rule of thumb is that the most likely offending food or foods are those your child craves and consumes the most. We tend to crave that to which we are allergic.

Also, remember that sugar-laden foods will frequently be at the top of this list. School teachers often dread holidays because the children are harder to manage. We blame this on excitement and a change in routine. It is more likely that the greatest contributor to classroom uproar is the excess sugar consumed in connection with most holidays.

Consider such celebrations as Halloween, Easter and Christmas. Each of these events revolves around cookies, cakes, candies and other such goodies all laced with copious amounts of sugar. Is it any wonder kids are '*off the wall*' when we pump their small bodies full of high octane rocket fuel at a rate they cannot hope to utilize?

The next step in detecting potentially offending substances in your child's life is through observation. Watch your child closely and keep a list of what foods are consumed, the time eaten and any changes in normal behavior for up to 4 hours after eating. Next eliminate any foods or drinks that you suspect are causing an altered behavior or outlook from the diet. Once you have determined a link between erratic behavior and certain foods, eliminate them from your

household.

You must keep them from the child completely. Yes, they might fight you. Be patient and understanding. Remember the last time you tried to break a habit? Eating, especially foods that we are addicted to, is a big habit and hard to break.

After 3 to 4 weeks of abstinence you might find that you will observe a change in the child's behavior. At that time, if the food is wholesome and good for them, you might try to reintroduce the food back into the diet but only once or twice a week. Continue to observe for a reoccurrence of previous symptoms.

If offending substances and foods continue to elude you, you might wish to consider having your child tested for potential allergies. This may be done by either the Cytotoxic Test or the RAST test. Both are accomplished via blood sample. These tests are not only superior to the skin patch test but are much more comfortable for smaller children.

Remember you, as a parent, can be a far better judge of what constitutes a good diet than the food industry. Their goal is to sell the cheapest product for the highest price and keep the shelf life as long as possible, even if it means lacing the product with dozens of synthetic chemicals and preservatives.

The only other group of professionals that are as ignorant as the food industry with regards to food quality are most doctors and dieticians. Fortunately, to some extent, this is changing. Many doctors are now taking a much closer look at how diet affects our overall health and well being.

Through thoughtful consideration of toxic mineral poisoning, glucose or sugar intolerance, food allergies and sensitivities and proper nutrition of child and parents *before* birth, we can make great progress in preventing and controlling the advancement of many Learning Disabilities.

When we combine these efforts with the proper nutritional supplementation many thousands of children will be able to emerge from the shadows of Learning Disabilities of all kinds. We will discuss the application of nutritional supplementation a little later.

## The Evaluation Questionnaire

The following questionnaire was developed by Dr. Bernard Rimland, the founder and director of the Autism Research Institute in San Diego, California USA.

Answers to these questions can provide insight into not only potential autism but many other forms of learning disabilities as well.

**INSTRUCTIONS:** Mark ONE answer for each question.

1. Present age of child

- Under 3 years old
- Between 3 and 4 years old
- Between 4 and 5 years old
- Between 5 and 6 years old
- Over 6 years old (Age: \_\_\_\_ years)

2. Indicate child's sex

- Boy
- Girl

3. Child's birth order and number of mother's other children

- Child is an only child
- Child is first born of \_\_\_\_ children
- Child is last born of \_\_\_\_ children
- Child is middle born;
- Children are older and \_\_\_\_ are younger than this child.
- Foster child, or don't know

4. Were pregnancy and delivery normal?

- Pregnancy and delivery both normal
- Problems during both pregnancy and delivery
- Pregnancy troubled, routine delivery
- Pregnancy untroubled; problems during delivery
- Don't know

5. Was the birth premature? (birth weight under 5 lbs)

- Yes (about \_\_\_ weeks early; \_\_\_ lbs)
- No
- Don't know

6. Was the child given oxygen in the first week?

- Yes
- No
- Don't know

7. Appearance of child during first few weeks after birth

- Pale, delicate looking
- Unusually healthy looking
- Average, don't know or other

8. Unusual conditions of birth and infancy

Unusual conditions (indicate which)

- Blindness \_\_\_
- Cerebral Palsy \_\_\_
- Birth injury \_\_\_
- Seizures \_\_\_
- Blue baby \_\_\_
- Very high fever \_\_\_
- Jaundice \_\_\_
- Other \_\_\_\_\_
- Twin birth (identical \_\_\_\_, fraternal \_\_\_\_)
- Both 1 and 2
- Normal, or don't know

9. Concerning baby's health in the first 3 months

- Excellent health, no problems
- Respiration (frequent infections or other)
- Skin rashes \_\_\_ infection \_\_\_ allergy \_\_\_ other \_\_\_\_\_
- Feeding (learning to suck) \_\_\_ colic \_\_\_ vomiting \_\_\_ other \_\_\_\_\_
- Elimination (diarrhea \_\_\_ constipation \_\_\_ other \_\_\_\_\_)
- Several of the above (list)

10. Has the child been given an ElectroEncephaloGram (EEG)?

- Yes, it was considered normal
- Yes, it was considered borderline
- Yes, it was considered abnormal
- No, don't know, or don't know results

11. In the first year, did the child react to bright lights, bright colors, unusual sounds, etc?

- Unusually strong reaction (pleasure \_\_\_ dislike \_\_\_)
- Unusually unresponsive
- Average, or don't know

12. Did the child behave normally for a time before his abnormal behavior began?

- Never was a period of normal behavior
- Normal during first 6 months
- Normal during first year
- Normal during first 1½ years
- Normal during first 2 years
- Normal during first 3 years
- Normal during first 4-5 years

13. (Age 4-8 months) Did the child reach out or prepare to be picked up when mother approached him?

- Yes, or I believe so
- No. I don't think he did
- No, definitely not
- Don't know

14. Did the child rock in his crib as a baby?

- Yes, quite a lot
- Yes, sometimes
- No, or very little
- Don't know

15. At what age did the child learn to walk alone?

- 8-12 months
- 13-15 months
- 16-18 months
- 19-24 months
- 25-36 months
- 37 months or later, or does not walk alone

16. During the child's first year, did he seem to be unusually intelligent?

- Suspected high intelligence
- Suspected average intelligence
- Child looked somewhat dull

17. Before age 3, did the child have an unusually good memory?

- Remarkable memory for songs, rhymes, TV commercials, etc. in words
- Remarkable memory for songs, music (humming only)
- Remarkable memory for names, places, routes, etc.
- No evidence for remarkable memory
- Apparently rather poor memory
- Both 1 and 3
- Both 2 and 3

18. (Age 2-4) Is child "deaf" to some sounds, but hears others?

- Yes, can be "deaf" to loud sounds, but hears low ones
- No, this is not true of him

19. (Age 2-4) Does child hold his hands in strange postures?

- Yes, sometimes or often
- No

20. (Age 2-4) Does child engage in rhythmic or rocking activity for very long periods of time (like a rocking-horse or chair, jump-chair, swing etc.)?

- Yes, this is typical
- Seldom does this
- Not true of him

21. (Age 2-4) Does the child ever "look through" or "walk through" people, as though they weren't there?

- Yes, often
- Yes, I think so
- No, doesn't do this

22. Does child have any unusual cravings for things to eat or chew on?

- Yes, salt or salty foods
- Yes, often chews metal objects
- Yes, other (\_\_\_\_\_)
- Yes, more than 2 above (which \_\_\_\_\_)
- No, or not sure

23. Would you describe your child around age 3 or 4 as often seeming "in a shell" or so distant and "lost in thought" that you couldn't reach him?

- Yes, this is a very accurate description
- Once in a while might possibly be like that

24. (Age 2-5 ) Is the child cuddly?

- Definitely, likes to cling to adults
- Above average (likes to be held)
- No, rather stiff and awkward to hold
- Don't know

25. How well physically coordinated is the child (running, walking, balancing, climbing)?

- Unusually graceful
- About average
- Somewhat below average, or poor

26. (Age 3-5) How skillful is the child in doing fine work with his fingers or playing with small objects?

- Exceptionally skillful
- Average for age
- A little awkward, or very awkward
- Don't know

27. (Age 3-5) Does child show an unusual degree of skill (much better than normal child his age) at any of the following:

- Assembling jigsaw or similar puzzles
- Arithmetic computation
- Can tell day of week a certain date will fall on
- Perfect musical pitch
- Throwing and/or catching a ball
- Other (\_\_\_\_\_)
- More than one of the above (which?\_\_\_\_\_)
- No unusual skill, or not sure

29. Was there a time before age 5 when the child strongly insisted on listening to music?

- Yes, insisted on only certain music
- Yes, but almost any music would do
- Like to listen, but didn't demand to
- No special interest in music

30. (Age 3-5) How interested is the child in mechanical objects such as the stove or vacuum cleaner?

- Little or no interest
- Average interest
- Fascinated by certain mechanical things

31. Is the child destructive?

- Yes, this is definitely a problem
- Not deliberately or severely destructive
- No especially destructive

32. (Age 3-5) Is the child unusually physically pliable (can be led easily; melts into your arms)?

- Yes
- Seems normal in this way
- Definitely not pliable

33. (Age 3-5) Which single description, or combination of two descriptions, best characterizes the child?

- Hyperactive, constantly moving, changes quickly from one thing to another
- Watches television quietly for long periods
- Sits for long periods, staring into space or playing repetitively with objects without apparent purpose.
- Combination of 1 and 2
- Combination of 2 and 3
- Combination of 1 and 3

33. (Age 3-5) Is child sensitive and/or affectionate?

- Is sensitive to criticism and affectionate
- Is sensitive to criticism, not affectionate
- Not sensitive to criticism, is affectionate
- Not sensitive to criticism nor affectionate

34. (Age 3-5) Does the child look up at people (meet their eyes) when they are talking to him?

- Never, or rarely
- Only with parents
- Usually does

35. (Age 3-5) Is the child extremely fearful?

- Yes, of strangers or certain people
- Yes, of certain animals, noises, or objects
- Yes, of 1 and 2 above
- Only normal fearfulness
- Seems unusually bold and free of fear
- Child ignores or is unaware of fearsome objects

36. What age did the child say first words? (even if later stopped talking)

- Has never used words
- 8-12 months
- 13-15 months
- 16-24 months
- 2 years - 3 years
- 3 years - 4 years
- After 4 years old

\_\_\_\_\_ Don't know

37. On the lines below list child's first six words as well as you can remember them.

\_\_\_\_\_

38. (Age 1-5) How well could the child pronounce his first words when learning to speak, and how well could he pronounce difficult words between 3 and 5?

\_\_\_\_\_ Too little speech to tell, or other answer

\_\_\_\_\_ Average or below average pronunciation of first words and also poor at 3-5.

\_\_\_\_\_ Average or below on first words, unusually good at 3-5

\_\_\_\_\_ Unusually good on first words, average or below at 3-5

\_\_\_\_\_ Unusually good on first words, and also at 3-5

39. (Before age 5) Can the child understand what you say to him, judging from his ability to follow instructions or answer you?

\_\_\_\_\_ Yes, understands very well

\_\_\_\_\_ Yes, understands fairly well

\_\_\_\_\_ Understands a little, if you repeat and repeat

\_\_\_\_\_ Very little or no understanding

40. (Before age 5) How does the child usually say "no" or refuse something?

\_\_\_\_\_ He would just say "no"

\_\_\_\_\_ He would ignore you

\_\_\_\_\_ He would grunt and wave his arms

\_\_\_\_\_ He would use some rigid meaningful phrase like Don't want it!  
Or No Milk or No Walk!

\_\_\_\_\_ Would use phrase having only private meaning like "Daddy go in car"

\_\_\_\_\_ Other, or too little speech to tell

Dr. Rimland uses this questionnaire in conjunction with other factors in assisting the evaluation of the degree of Learning Disability or Autism involved in a particular child. If you feel your child could benefit from professional help in any of these areas you are urged to seek a reliable Orthomolecular Physician.

Dr. Rimland shares my viewpoint on the inhumane poisoning of our children. Following, is an excerpt from his presentation to the Huxley Biosocial Research Institute Conference held in New York City:

## Orthomolecular vs. Toximolecular Medicine

“Modern *medicine*’ is becoming a nightmare. Most of its highly touted ‘*advances*’ have backfired, leaving in their wake death, blindness, stroke and a variety of other Iatrogenic disasters more serious than the original disease. Deaths occurring, as side effects of the use of prescription drugs, now equal Breast Cancer as a leading cause of mortality in the US. Over 50,000,000 (50 million) hospital-patient days per year are attributed to physician-administered drugs.

Despite the almost daily appearance of new evidence showing even Cancer to be among the undesired outcomes of some standard medical treatments, (x-rays) the medical establishment continues to charge headlong along the wrong path.” *“The public has become alarmed at this dangerous show of medical intransigence. Many responsible physicians have turned away from the institutionalized failure which is modern medicine and are seeking means of preventing or healing disease by facilitating the body’s own intrinsic health-producing processes, rather than by combating the body with drugs or surgery.”*

“In 1967 Nobel Laureate Linus Pauling suggested the term ‘Orthomolecular Medicine’ (ortho=corrective; molecular=body chemistry) to describe a natural, rather than an artificial approach toward achieving health. Orthomolecular medicine refers to the process of improving health by providing the optimum concentration of substances (eg, vitamins and minerals) occurring normally in the human body. To contrast Pauling’s concept with the prevailing philosophy of conventional medical practice, I have coined the term ‘*Toximolecular Medicine*’.

Toximolecular Medicine is the process of attempting to cure disease by administering sub-lethal doses of toxic substances. Though satirical, the Toximolecular concept does accurately and literally reflect current medical practice. Doubters are invited to inspect the PDR (The Physicians Desk Reference) to see the extraordinary range of adverse side effects which are by no means uncommon consequences of prescription drug use.” “Orthomolecular substances, vitamins and

minerals, are extremely safe.

They are given to facilitate normal cell metabolism. Drugs are infinitely more toxic. They are foreign substances introduced into the body to interfere with cell metabolism." "Further, the conventional Toximolecular approaches are essentially irrational. The key difference between a hyperactive child and a normal one is not that the hyperactive child has a deficiency of Ritalin. The critical difference between a patient with arthritis and a well person is not that the arthritic suffers a lack of aspirin. Toximolecular methods rarely cure the patient. They merely mask the most visible symptoms of disease.

Although orthomolecular medicine is still in its infancy, it already provides, in a great many cases, a safe and effective alternative to the Toximolecular approach. Orthomolecular method should be, and will inevitably become, the treatment of choice, but not without desperate no-holds-barred opposition from the crumbling, but still powerful medical establishment."

## A Few Success Stories

The files of Dr. Rimland and the Autism Research Institute as well as those of my own practice are filled with hundreds of cases where Learning Disabilities, mild and severe, have had joyous results.

While we cannot predict that everyone will achieve the same degree of response to an Orthomolecular Program, since everyone's biochemistry is uniquely their own, we offer these few examples that they might offer hope to those living with '*children in the shadows*'.

If you have a child that might benefit from proper natural management of a learning disability we urge you to begin following the basic program outlined later in this book and to seek the counsel of a properly trained health care professional who might guide you in establishing your child's specific needs. (*See sources at the end of this book*)

### **Thomas**

I first saw Thomas when he was 8 years old. He had been taking *Ritalin* to 'modify' his hyperactive behavior both at home and in the classroom. Unfortunately, he was suffering from several undesirable side effects such as weight loss, lethargy, and moodiness. When he

was taken off *Ritalin*, his unruly behavior returned.

Upon examination of Thomas' background, it became evident that his troubles began long before he was born . He was a premature birth and suffered recurring bouts with Colic and Diarrhea. As he grew, he demonstrated rocking motions in the crib. Almost immediately after he learned to walk, he ran everywhere. After entering school, his behavior worsened. Sitting for long periods was impossible and drove him to uncontrolled outbursts of energy. This led to hostile actions towards other children, teachers and even his parents.

I immediately recommended that Thomas undergo a Glucose Tolerance test and the results were predictable - Hypoglycemia. Thomas' diet was heavily laden with high sugar foods. His daily consumption of soft drinks alone was at least six cans.

I put Thomas on a carbohydrate restricted diet along with our basic nutritional program consisting of Vitamins, and Full Spectrum bio-electrical trace minerals. Within two weeks, his mood swings lessened to almost none. Within six weeks, his ability to concentrate and stay on task was much improved. Thomas' parents then requested that their doctor begin removing the *Ritalin*.

We increased the dosages of certain B-complex Vitamins as well as the bio-electrical trace minerals. Thomas' doctor objected to the large doses of vitamins we were using, but even after 6 years on this program he has never shown a single side effect to any of the Orthomolecular Methodologies. (Isn't it strange that the medical doctor who objected to high doses of vitamins was the same one who had no reservation in prescribing toxic levels of *Ritalin* to the same child!) Today, Thomas is stable and as a fourteen year old teenager, he is at par with his peers both academically and socially.

## **Jared**

Following, is one of many reports submitted by parents and grandparents after applying the principles of Orthomolecular Nutrition & diet to their own children. "*Jared is a nine-year old boy who has had severe allergies since he was very small. In addition to the allergies, Jared has had a really hard time learning to read, do arithmetic and write. When Jared was in the first grade I found out (accidentally) that when he couldn't 'remember ' his letters or words, if he took a*

*Calcium supplement it would increase his ability to remember. Then, in June, 1994 when we became acquainted with Dr Whiting's program, we found that his ability to do his school work, as well as his behavior, would improve when he took the Colloidal Organic Minerals and the Vitamins. He would take as many as three or four ounces of these liquid minerals at a time (sometimes two or three times per day!) in order to maintain the level necessary for him to be able to do his work. After listening to a lecture in which Learning Disabilities were addressed, we started giving Jared a special combination of Chromium, Canadium and Aspartic Acid as recommend by Dr. Whiting.*

*Even though his ability to work and write had increased tremendously with just the Liquid Trace Minerals alone, when we added this additional formula there was a remarkable difference. He could stay on the lines when writing and you could actually read what he had written!*

*In the past fourteen to fifteen months, Jared has increased his reading skills from not being able to recognize all the letters of the alphabet to reading at almost second grade level. His math skills are a little slower to improve but they are improving also. His handwriting has also improved to the point where you can read it easily. As a result of all of this improvement, Jared's self-image has improved drastically-resulting in a much happier child."*

## **Karen**

I first saw Karen when she was 12 years old. As she grew, she developed several complex problems. Her appetite increased to the point where she ate everything in sight, including paint, crayons, medicines, sand and plants. She was hyperactive and constantly on the move. She talked to herself constantly, but demonstrated far less than normal level of communication skills with others. She was a bed wetter until she was eight. She had severe leg and ankle pains to the point that she could not sleep well at night.

There was a pattern of Learning Difficulties and even Schizophrenia in her family. I removed all sugar and additive foods from her diet. She was placed on our basic program of Vitamins and Organic Bioelectrical Trace Minerals. Within six months, her strange behaviour had all but disappeared. Her appetite returned to normal and the pica disappeared.

Karen's ability to perform in school has continued to improve and she is now operating at grade level for her age. The amazing results that have been achieved with these children and hundreds of others by researchers and Orthomolecular Health Practitioners around the world are a continued testament to the natural methods used.

In almost every case that I have personally supervised, we have been able to demonstrate that whatever nutritional program was used, the results of that program were greatly enhanced by the addition of Liquid Bio-Electrical Organic Mineral supplements.

While continuing research is underway, we suspect, at this time that the improvement we are seeing is not only through the addition of the elemental properties of Full Spectrum Trace Minerals, but also due to the bio-electrical activity imparted by these specific minerals to the living system of the body. A closer look at this amazing discovery is in order.

## **The Bio-Electrical Cellular Connection**

My work with Bio-Electrical Trace Colloidal Minerals spans the last 15 years. In that time, I have come to realize the vital importance that these most unique substances play in the health and well being of us all. Our children are no exception. The medical industry has answered the needs of children with Learning Disabilities in their usual manner - drug therapy.

The Orthomolecular Practitioner has opened our eyes to the possibility that these children do not have to be condemned to a life of living in the shadows, either with feelings they cannot explain or from the side effects of drugs administered to *'control their behavior'*.

I offer a third opinion. By the addition of *'living minerals'* to the systems of these children, the benefits of the principles of Orthomolecular Nutrition have been increased dramatically.

Let's take a closer look at why!

The human body is an electrical organism. Its function depends upon the generation and subsequent delicate balance of the electrical currents running throughout the body. Your heart and brain are 100%

electrical in operation.

Your nervous system is an electrical highway carrying vital information from the central computer of the brain to every cell structure in the body. Your brain is able to govern the activity of all 75 trillion cells that make up your body via this complicated highway of nerves.

With this in mind the connection between Learning Disabilities and a disrupted electrical circuitry becomes obvious. Hyperactivity, a very common symptom of many Learning Disabilities, can be effectively managed, in many cases, by the addition of the properly charged Bio-Electrical Minerals alone.

Another benefit of these amazing cellular-stimulating elements is their beneficial effect upon other nutrients. A study conducted in 1993 established the link between these unique minerals and the ability of the body to store water soluble nutrients for longer periods before flushing.

Traditionally, Vitamins such as Vitamin C and the B-complex group, being water soluble, are passed out of the body via the Kidneys within just a few hours of consumption. By taking Organic Bio-Electrical Trace Minerals in conjunction with these nutrients, they were retained in the blood stream up to 80% longer than normal.

This becomes a vitally important addition to the management of Learning Disabilities when you consider that the B-complex group of Vitamins plays perhaps the most powerful role in dealing with Learning Disabilities of all types. In almost every case that we have supervised, the addition of these minerals to the program has produced a marked increase in initial and longer term responses.

Bio-electrical energy, electro-magnetic energy, forces that link us with both the universe of all physical matter as well as the universe of energies, are responsible for life itself to exist. Does it not seem reasonable therefore that these energies are vital to the maintenance of life as well?

Whenever we observe an individual exhibiting a state that represents anything less than optimum health, we must consider that there is also a disturbance of the bio-electrical energy, the electro-magnetic energy or both.

Many of the holistic healing arts such as chiropractic, acupuncture, massage and others derive their benefits from the fact that they

stimulate, nourish and enrich the electrical circuitry of the body. My third opinion therefore, is that if we can incorporate these bio-electrical elements of life into the Orthomolecular protocols of Learning Handicapped children we will be serving them and us better.

In the next section we will outline our Full Spectrum Nutrition approach for Learning Disabled children along with dietary regulations that we feel are equally essential.

## **Revised Dietary Program**

Any program, which attempts to address Learning Disability in any of its many forms, must begin at the core of the problem, which is excess sugar and sugar-forming foods. Thus sugars must be removed or greatly reduced in these children's diet.

A Glucose Tolerance test may be necessary to determine the extent of the child's carbohydrate intolerance. There are many excellent books, which will serve as guides for reducing Carbohydrates in the diet. The one we recommend most is entitled *Calories and Carbohydrates*, By *Barbara Kraus*. This excellent paperback book gives the Carbohydrate Value of virtually every food, even most fast and convenient food menus.

Through this book, it becomes easy to not only see how many sugar foods your child consumes, but also which foods to cut back or eliminate.

## **Basic Supplement Program**

Our current Protocol is divided into two phases. Phase One is the starting point where all those with Learning Disabilities should begin. Phase Two, with its more specialized and aggressive program should be used after Phase One has been implemented and then only as indicated.

Our findings show that about 50 percent of all children experience excellent results on the Phase One program alone, while the other half need to apply some or all of the concepts under the Phase Two program in order to achieve adequate results.

## Phase One

High Potency Full Spectrum Vitamin/ Mineral in Liquid form.  
*One Tsp. for every 20 lbs. of bodyweight twice daily.*

Full Spectrum Organic-Source, Colloidal Liquid Minerals.  
*One ounce twice daily for children over 2 years*

Essential Fatty Acids  
*Two to three capsules daily*

Bio-available Calcium with supportive trace minerals.  
*Begin with one capsule per day and slowly increase to bowel tolerance*

## Stress-Related Nutrients

Children under 45 lbs. should take:

Niacinamide	25 mg to a max of 100 mg/day
Vitamin C	50 mg up to bowel tolerance

Children over 45 lbs. should take:

Niacinamide	50 - 200 mg
Pyridoxine	50 - 400 mg
Riboflavin	50 - 200 mg
Ascorbic Acid	250 mg/ bowel tolerance
Calcium Pantothenate	100 - 800 mg
Magnesium	50 - 200 mg
Zinc	5 - 30 mg

When adding or beginning a nutrient program in children, especially young children, we must remember that they can react more extremely to any additions to their diet, including nutrients. For this reason, we recommend that you begin with all nutrient formulas slowly and increase gradually over a period of several weeks.

## Phase Two

This second phase of nutritional support addresses, more aggressively, certain specific issues that may be underlying causes to less than adequate response to the phase one program.

There are three areas of concern relative to Learning Disabilities in people of all ages. Toxic Heavy Metal Poisoning, Glucose Intolerance, and food and/or airborne Allergy sensitivities all can contribute to the ill management of Learning Disabilities.

These should be expected to play a greater role in persons who also exhibit Hyperactivity and other more aggressive behavior.

### **Toxic Heavy Metal Poisoning:**

The best way to determine if exposure to one or more heavy metals in the environment has occurred is through the Hair Mineral Analysis. Heavy metals migrate to the tissues of the hair and may be easily detected therein. If your physician is unfamiliar or unwilling to perform this test, you may obtain it by contacting The Institute.

If heavy metals are detected, we recommend the following:

Liquid Organic Trace minerals to bowel tolerance for three months.

Gradually increase the amount of minerals until Diarrhea develops. Then back down to just below this level.

### **Glucose Intolerance:**

The fact that the removal of sugar and sugar containing foods from the diets of children displaying Learning Disabilities dramatically improves their situation would indicate that glucose metabolism plays a strong role in the stabilization process.

In order to determine the presence and severity of Hypoglycemia, a Glucose Tolerance Test should be conducted. This is a routine test available from any physician. Insist on the full six hour test, not the standard four-hour version. Many intolerances do not show up until the 5th or 6th hour. If hypersensitivity to sugars is detected, we suggest the following:

Take a combination of these nutrients in addition to strictly reducing sugar and refined carbohydrates in the diet.

Chromium	100 mcg
Vanadium	500 mcg
Aspartic Acid	500 mcg
Bilberry Extract	20 mg

Begin with one capsule and increase to two for children aged 2 - 8. Children age 8 and above should slowly increase to three or four capsules per day.

### **Allergy Sensitivities:**

When moderate to severe allergies are detected, management must begin by eliminating offending foods when present and reducing the exposure to airborne irritants. Additionally the following should be helpful:

Homeopathic allergy medicine administered sublingually. Use one tablet every 4 to 6 hours during acute allergy experiences. Decrease as the allergy session subsides.

As a final note, many children and adults with more aggressive behavior continue to respond favorably to higher doses of the stress-related B Complex Vitamins. Increase the formulation as outlined under the Phase One program.

### **For Glucose Sensitivity & Intolerance:**

The fact that the removal of sugar and sugar containing foods from the diets of children displaying Learning Disabilities dramatically improves their situation would indicate that glucose metabolism plays a strong role in the stabilization process.

With that in mind the following formula should be considered if glucose sensitivity is suspected. Please note that this formula should be used in addition to a controlled sugar restricted diet!

Chromium	100 mcg
Vanadium	500 mcg

Aspartic Acid      500 mg  
Bilberry Extract    20 mg

## **Summary**

The process of controlling any physical condition is never as perfect as preventing it in the first place. If you or anyone you know is planning on having children, please do them and the future child a big favor and ensure that both parents are on a good nutritional program several months prior to attempting to conceive.

For those who are the parents of a child with Learning Disabilities, I urge you to seek the advice of a health care professional that is trained in the principles of Orthomolecular Nutrition and medicine. In almost all cases, the program outlined in this Special Report will produce unbelievable benefits if you will implement it faithfully and completely:

- \* Check for and eliminate toxic minerals if present
- \* Check for glucose intolerance and remove all refined sugars and reduce complex carbohydrates
- \* Check for food allergies and eliminate offending foods and substances such as dyes, colors, flavorings and so forth.
- \* Begin the dietary supplement program as outlined.

The benefits that can be obtained from this program are potentially enormous. I suggest you read and review this material carefully before embarking on this pathway.

You do have the benefit of knowing that others have walked this road before you - brave parents, researchers and teachers - all who have cared enough about some wonderful little person to seek the answers that we present herewith. With love, knowledge and care we can insure that no child has to grow up in the shadows of any Learning Disability.

Each of the formulas and protocols detailed in this Special Report are available exclusively from Phoenix Nutritionals.

Contact [www.PhoenixNutritionals.com](http://www.PhoenixNutritionals.com) or by telephone at

1-800-440-2390

or email [Questions@PhoenixNutritionals.com](mailto:Questions@PhoenixNutritionals.com)

## **Sources**

While much of this book is self-explanatory and provides the basic stepping stones necessary in dealing with Learning Disabilities of all types, some cases are stubborn or have special circumstances. For this reason, you may wish to seek the advice of professionals with experience in these methodologies.

The following are sources for your consideration:

### **The Institute of Nutritional Science**

K. Steven Whiting, Ph.D.  
9528 Miramar Road # 180  
San Diego, CA 92126 USA  
1-888-454-8464  
[www.healthyinformation.com](http://www.healthyinformation.com)

### **The Autism Research Institute**

Bernard Rimland, Ph.D.  
4182 Adams Avenue  
San Diego, CA 92116  
619-563-6840 (fax)  
[www.autism.com/ari/](http://www.autism.com/ari/) or [www.autism.com](http://www.autism.com)

### **Foundation for the Advancement of Innovative Medicine** (Orthomolecular physician referral service)

PO Box 7016  
Albany, NY 12225-0016  
877-634 3246 (toll free) or 518-758-7967 (fax)  
[faim@healthlobby.com](mailto:faim@healthlobby.com)

### **American Academy of Environmental Medicine**

7701 East Kellogg, Suite 625  
Wichita, Kansas 67207  
316-684-5500 or 316-684-5709 (fax)  
[adminstrator@aaem.com](mailto:adminstrator@aaem.com)

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