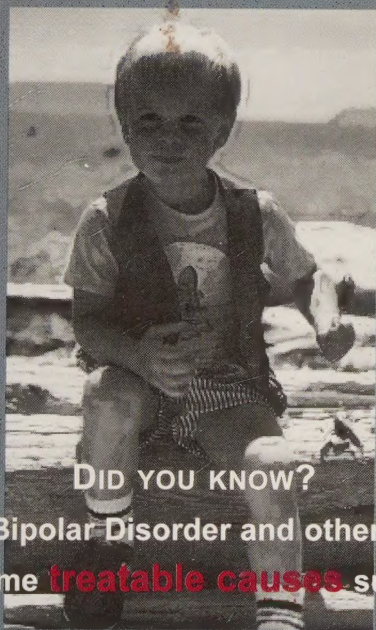


Solving the Mystery of ADHD Naturally



DID YOU KNOW?

ADHD, Anxiety, Bipolar Disorder and other conditions often result from the same **treatable causes** such as PYROLURIA.

Linda Santini, M.Ed.





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SOLVING THE MYSTERY OF ADHD —NATURALLY

LINDA SANTINI, M.ED.

Acorn Publishing
A Division of Development Initiatives

Solving the Mystery of ADHD—Naturally

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It is with my deepest gratitude that this book is dedicated to the two people who have had the most positive impact in my life:

To my mother Edith for her never-ending kindness, patience, and willingness to teach me to be strong and never follow the crowd; and

To Dr. Abram Hoffer who has my utmost respect and heartfelt gratitude. Mere words cannot thank him enough for lighting our path to mental wellness.

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Note to Reader

This is the true story of my family's struggle to find answers to our health problems. A few non-essential details have been changed to protect our privacy.

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Introduction

One cloudy, rainy October day, as I was home doing paperwork, the phone rang. I knew it was the school, calling to complain about something my son, Eric, had done. Being just fourteen, he had only been in high school for five weeks but was already well-known by both the principal and assistant principal. It had been three days since their last call when they had informed me that Eric had been kicked out of math class for being disruptive and mouthy. This time the secretary was saying that if Eric were allowed to go on any more field trips in science class, the teaching assistant was going to quit. Eric would have to spend that time in study hall with the Special Ed students.

A few moments later, another phone call. This time it was Eric's psychiatrist, baffled by my sudden notice that I would no longer be bringing Eric to see him.

"Linda," he said, "I don't think you're seeing reality clearly right now. This is not a good time to withdraw." I squelched the impulse to reply, "Oh, I think I see things more clearly than you do," but instead, I politely thanked him for calling and hung up. There was no point in discussing my decision with him because he was utterly clueless and I wasn't about to continue paying him \$150.00 an hour to teach him what he should already know. My mind was made up. No more drugs. No more shrinks.

I went back to paying bills and was pleased to see that we had only one more payment to make on Eric's recent shoplifting

fine. He had attempted to steal a \$1.37 lighter but was easily caught by the surveillance camera, leaving us with a \$200.00 fine and Eric being barred from the store grounds for six months.

As I wrote out the check, wondering why they hadn't pressed charges, the phone rang again. This time, it was the prosecutor's office regarding a fourth-degree assault charge stemming from a fight Eric was involved in at the freshman dance. Eric would either have to spend a weekend in juvenile detention or do community service work. I didn't want Eric to be around all those other delinquents but, then again, the idea of two whole days and nights without him was, frankly, exhilarating. Not to mention the fact that he would be so well locked up and guarded that he couldn't possibly steal anything, get kicked out of anything, or be fined for anything. I would be able to spend a lovely evening or two enjoying a good book, a long bath, and plenty of sleep. All kinds of heavenly possibilities came to mind.

But my fantasizing was cut short by another phone call, this time from my husband, Dave, a regional sales rep who spent a lot of time on the road. He said he'd have to stay in San Francisco another three days on a big sale. Likely story, I thought to myself. Dave isn't coming home because he can't stand the chaos. And I don't blame him a bit. I wouldn't be here either if I didn't have to be. But I no longer have a job to escape to. I quit my part-time job at our local school because someone has to be here around the clock to keep tabs on Eric.

Now our savings are gone and we can barely pay all the bills still coming in from the psychiatrists, therapists, and prescription drugs, in addition to all the fines, victim's fees, and restitution payments.

If you have a child with Attention Deficit Hyperactivity Disorder (ADHD) you know what I'm talking about. You know the anger, frustration, hurt, and humiliation of living with, and

being blamed for, this willful child who will not, or can not, follow any orders. He has turned your life upside down. Frankly, I'm surprised that I'm not depressed, divorced, crazy, or alcoholic by now. And I wouldn't blame you if you were.

This book was not only written for parents, but also for those who come into contact with children (and adults) who can't seem to behave or follow the rules. Understanding the biochemical causes of a disorder like ADHD will open your eyes to a whole new way of looking at this disorder whether you are a teacher, friend, spouse, police officer, prosecutor, or judge.

And for you young readers considering having children of your own someday, I beg you to read this book carefully. My story could be your story. ADHD and similar mental impairments are becoming painfully common. Parenthood is much more difficult than it looks.

Had we known what the real cause of Eric's strange behavior was, we could easily have treated it and saved ourselves from all those nightmarish years. Researchers in human biochemistry have known for more than forty years how to treat mental disorders such as Eric's but, so far, the American Psychiatric Association refuses to accept or even recognize this treatment. There is very little money in it. Yet it is so effective and sensible that it makes me angry that anyone must still live with the misery of ADHD. Once you understand some of the biochemical causes of mental disorders, I think you're going to be glad you read this book.

Part I

One Small Boy



Off to a Good Start

CHAPTER 1

Our son, Eric, was born while we lived in the most idyllic place on Earth. My husband, Dave, and I were renting a rustic, little cabin on the beach, surrounded by towering evergreens. It had been built long before building codes had ever been heard of, so it was literally right on the water's edge. While previous owners had added many improvements such as indoor plumbing and a deck stretching out over the beach, it was still what you'd call "rustic." We heard, years after we had moved away, that the landlords had even added insulation so you no longer saw the ground when you looked through the bare floorboards.

Often, on nice, sunny days Dave and I would sit on the deck in our old, rickety lawn chairs and enjoy the quiet passing of summer, our only entertainment being a seagull squawking at a crow for stealing his food or someone fiddling with their boat's motor. Or there were those occasions when a sailboat would be left high and dry when the tide went out, surprising the sailors when they awoke on a slant the next morning. Those long, easy days of breathing in the salty air and listening to the waves lap against the bulkhead are some of my most treasured memories.

Being newlyweds, both Dave and I worked full time and just enjoyed spending our spare time together. Having just finished school, Dave was starting a new job as a sales rep for

construction equipment and, although the pay was excellent, he would have to spend about six months a year servicing accounts in the tri-state area. We decided that at least it wasn't going to be six months all at one time, so we would just accept the fact that he would be gone a lot and not whine about it. After all, we were grateful that he had a good paying job that he liked. Many other couples were not so fortunate.

When Dave returned home one day in June, I gave him a "Soon-to-be-a-Father's Day" card. He rolled his eyes up and fell over sideways onto the wooden floor, clutching his heart and letting his mouth hang open. Laughing, I told him he was drooling all over the floor and he'd have to mop it up if he didn't come back to life soon. He was always so funny.

As we waited for our baby to arrive, I was reminded day after day how lucky I was to have married a one-in-a-million guy like Dave. He wasn't just funny; he was smart, kind, and considerate, too. He wouldn't think of letting me carry anything heavier than a carton of milk and insisted on walking ahead of me down the slippery steps to the cabin, just in case I lost my footing. He encouraged me as I abstained even from caffeine and wouldn't let anyone smoke around me. It went without saying that I wouldn't even touch alcohol.

And I was the picture of good health. Having been raised as a Christian Scientist, I was taught that disease could be cured by right thinking, or "mind over matter." When my sister, Beth, and I came down with the mumps or chicken pox, we weren't taken to see a doctor; instead, a "Reader" from the church would come over and read to us. And we got well. Much to the disapproval of our teachers and school nurses, and the envy of our classmates, Beth and I were excused from vaccinations every year which, back in those days, were given at school.

Of course, there were some things that "mind over matter" couldn't fix. One afternoon in sixth grade, my poor teacher made the mistake of leaving the room for just a few minutes,

and I started chasing my friend around the room. I don't know why, it just seemed fun at the time. But I tripped, slid into a large chest, breaking my nose on the metal handle, and my teacher came back to a big, bloody mess. But, because of our religion, I wasn't taken to a doctor and my broken, crooked nose stayed that way until I had it re-broken and straightened in my thirties. (Years later, when I became a teacher myself, I never left the room, even though my students were in high school. They all knew why.) Today, Christian Scientists do seek medical help when they believe it to be necessary, but back then, things were different.

Always warned to stay away from doctors and their man-made drugs, I was told that I was part of nature and that nature held all the answers I needed. But sorting through what was real and what seemed absurd was a challenge, and there were just some things that made no sense. So, heading off to college at eighteen, one of my first missions was to get my polio and smallpox shots. And my rebellion from the old ways even included aspirin for my occasional headaches.

Ten years later, routinely going to see doctors and taking prescription drugs, I felt almost confident that our baby was going to be absolutely healthy both physically and mentally. Even though the doctor I had consulted before becoming pregnant didn't think I needed to worry about the possibility of passing along any of the mental illness that seemed to plague my mother, I still had that nagging little voice plaguing me with, "What if?"

No, I argued with myself, Mom led a difficult life, full of difficulties, because of her own incredibly poor judgment. Neither Beth nor I have any signs of mental illness, so it must be just her.

How Beth and I survived Mom's problems, and especially her driving, is a small miracle. There was the time when I was eight and Mom was driving down the freeway with a carload of

third-grade girls. The only problem was that she was going in the wrong direction. A very kind man who was going in the same direction, but on the other side of the median, frantically waved his arms out of his window and managed to attract Mom's attention. She laughingly muttered, "Oh, Hell's bells, this is confusing," as she drove across the grassy median and continued on her way. The nice man was shaking his head as he drove away.

Whenever Mom was behind the wheel, she always hugged the center line, because she said, "It helps me stay in the lines." People were always honking at us but I don't think she noticed them that much. As I got older, I found myself crouching down lower and lower in the passenger seat of our old car as Mom made left turns dangerously close to oncoming traffic and we were honked at some more.

Her judgment of men was a lot like her driving, as was her judgment about jobs, people in general, politicians, housing, religion, clothing, and food. None of it made much sense, and almost every decision brought on some new catastrophe like divorce or a new, scary religion. She wrote threatening letters to the ruler of Russia, bought wildly colorful curtains, drank twenty or thirty cups of coffee daily, and always had plenty of candy on hand. And, even though her occasional stay in the mental hospital seemed to help, she always referred to psychiatry as just a lot of "smoke and mirrors" and said they couldn't prove anything.

Even with all of her problems, she was fundamentally a wonderful person with a good heart, and I wouldn't trade her for anyone. Life just kind of got away from her.

I tried not to think about my mother too much, as it just caused me to worry more about my baby. It was much more pleasant to focus on all the good things: that he or she would be born to well-educated, loving parents; he or she would turn out to be smart, happy, kind, and most of all, possess good judgment.

My pregnancy progressed quite normally except that I was gaining way too much weight. Like my mother, I had always had a sweet tooth, and being pregnant just seemed to make it worse. Today this condition is called hypoglycemia but, back in those days, it was just called a sweet tooth. I had never liked meat and had been a vegetarian for many years but for the last year or so had been forcing myself to eat fish, chicken and beef. I had never in my life had good eating habits. Even when I was a vegetarian I rarely thought about how much protein I was getting or how much I needed. I was always so healthy that it didn't seem to matter.

Back in the fifties when I was growing up, if a meal contained a vegetable it was either canned or frozen. There were, of course, lots of fresh vegetables at the grocery store but I don't know who bought them. It wasn't us. Dinner was either fish sticks, a frozen chicken pot pie, or take-out hamburgers, pop and french fries. My mother worked full time and did enjoy cooking good meals. It's just that Beth and I were rather picky eaters and wouldn't touch her cheese souffle or salmon patties. We weren't forced to eat the adults' food, which was great because food was just an annoyance to get over with as soon as possible anyway. Then we could start in on the chocolate candy, cookies, and jelly beans, which were always there and always plentiful.

Because my mother was divorced, worked full time and supported us with no help, financial or otherwise, from our father, I learned how to "cook" fairly early and by third grade I was cooking an occasional meal for myself on weekends. I would just take a hot dog, fry it in margarine on both sides until it was completely black and crunchy, cover it up with about a fourth cup of mustard, put it in a white bun and wash it down with a can of pop. And that was breakfast.

My poor eating habits were still with me as I gained thirty pounds during my pregnancy. Soon there were ten more

pounds, and finally, by my due date, I had gained fifty-two pounds. I was a complete mess, always either crying or eating, or both. I couldn't eat just one candy bar; I ate three. By the time dinner rolled around, I wasn't hungry and had to force myself to eat at least the meat and vegetables.

Finally, by the time the big day arrived, I had gained a total of sixty-five pounds. Dave drove me to the hospital about thirty miles away.

It may have been the excess weight or it may have been just my small bone structure but, whatever the cause, labor and delivery were long and difficult. I wasn't just in pain, I was becoming increasingly aware that I may be following in my grandmother's shoes. Her first labor and delivery had also been long and difficult; her child, Gladys, was born with cerebral palsy. Doctors said that areas of Gladys' brain had been starved of oxygen and had, therefore, been permanently damaged. After thirty-eight years of living with normal intelligence but being trapped in a body that was contorted and difficult to control, Gladys was committed to a state mental hospital where she hung herself.

When the monitor showed signs of fetal distress, my doctor ordered a Caesarian and the nurses began the preparation. Of course, I was in so much pain by this point that I didn't care what they did to me, so long as the pain went away. But somehow, the monitor showed the baby was no longer in distress and I was wheeled into the delivery room.

It was a "back" delivery, meaning the baby was positioned with his spine towards my spine instead of the other way around. Needless to say, with the baby's skull and backbone pressed against my spine, the delivery was terribly painful. I was finally given an epidural to block some of the pain and forceps were used to pull the baby out.

But what a beautiful moment it was when our son was born! He seemed to have survived the stress just fine, and when

I first saw him in the nurse's hands, it was truly love at first sight. He was so aware of his surroundings. His big blue eyes were open wide, and he seemed awed by all the lights and activity. Holding him, all the hours of pain began to fade from memory and, at last, I had my own little son, my own little family. I couldn't have been happier. We named him Eric and spent the afternoon in my room before he was taken back to the nursery and Dave left for home. It was with untold relief that my exhaustion during delivery did not slow down the birth process any more than it did. My baby looked absolutely healthy and perfect in every way; I felt very fortunate indeed.

As the epidural wore off, my lower back was becoming increasingly more painful until I could stand it no longer. I called the nurse on duty whose only response was, "Most new mothers get by on a little ibuprofen" and went on to recommend a good soak in the whirlpool. Even at thirty years of age, I was still trusting of medical professionals and did as I was told. Though it was terribly painful, I managed to walk down the corridor to find the whirlpool. But it was level with the floor which meant that all my weight was balanced right on my tailbone, causing excruciating pain. I finally gave up, returned to my room and again asked the nurse for more pain medication. Again, she refused and I spent the night in the only position that gave me some relief from the pain: on my hands and knees. The next morning I asked my doctor what could be wrong with my tailbone but he simply said that he didn't know why I was having a problem and that his other new mothers were doing just fine. He then ordered more pain meds for me, and I began to feel human.

Life was so good! With the pain gone, I was back to feeling incredibly happy. I had my own, beautiful baby and a wonderful husband. I knew that if I could just keep managing the pain that everything was going to be fine. Dave and I could not have been happier. And I knew that little Eric was coming

home to parents who wanted him, planned for him, and already loved him beyond words. I was determined to give him more than I had: a family unbroken by divorce, unshattered by mental illness, and undisrupted by so many moves from house to house.

The entire first week of having our newborn at home with us, I had to do everything standing up. I could stand, walk or lie down, but sitting was still impossible, even on a pillow. Tired and frustrated, I went to see another doctor for a second opinion. After x-raying my back and tailbone, he informed me that my tailbone had fractured during delivery. No wonder it had been so painful. From then on I carried a little air cushion with me wherever I went and was even comfortable sitting down. The fracture took months to heal.

In the meantime, we were in the usual first-time-parent frenzy of figuring out how to take care of an infant. Eric was such a good baby, but we were still amazed by how much constant care he needed. It was around the clock, something I just hadn't thought of beforehand. The baby needed burping, diapering, washing, feeding, nursing, and then there were endless diaper-washings and trips to the laundromat.

At only a few days old, Eric came down with a whitish coating on his tongue and the roof of his mouth. I thought at first that it was just a milk coating, but he cried all night. Our pediatrician identified it as "thrush," a yeast infection, and handed us a prescription. Eric's mouth was soon back to normal and we settled back into our normal routine.

As my fracture healed and Eric was once again his sweet self, our role as parents became much easier and enjoyable. Looking back, those were one of the few peaceful and happy times we ever had with our little son. Back then, we had no idea what was in store for us down the road. It's probably a good thing.

A few months after I stopped breastfeeding Eric and he was

placed on formula and real food, he developed red, scaly patches on his arms and legs. The doctor diagnosed it as eczema. A change from detergent to a powdered soap cleared up most of it. It was surprising to me that a healthy child like Eric could have such problems with his skin at such a young age. I wondered what else I could do to help him but, after all, I told myself, I've also had skin problems all my life and so did my mother. It was probably hereditary and there wasn't much I could do about it.

At nine months old, Eric provided us with our first little inkling of what a temper he had and what lay ahead. One afternoon, his food tray had not been securely fastened to his high chair; as he leaned forward he fell, crashing to the floor. Although we could find no signs that he was seriously hurt, he cried so hard that his lips turned blue and he passed out. His body became limp and it seemed an eternity before he woke up, even though it had been only seconds. A thorough examination by the pediatrician revealed nothing serious, but he did warn us that babies that cry until they turn blue like that usually have quite a temper when they get older. For the rest of the day, we followed the kind doctor's instructions and whenever Eric cried that hard, one of us blew softly in his face. The rush of air forced him to breathe in, short-circuiting his tendency to turn blue and pass out from a lack of oxygen. Unfortunately, we got plenty of practice using that technique over the next few weeks and months.

When Eric was a year old, we moved into our own home. A fairly old place, it needed a new roof and plenty of cosmetic changes. We didn't like the gold shag carpet much, or the black and gold velvet wallpaper, or the avocado-colored appliances but, as it was, we could barely afford the mortgage payments. Redecorating would just have to wait. Besides, the house was in a terrific family neighborhood, there were plenty of safe places for children to play, trees to climb, and a big, covered

patio for roller skating and playing in the sandbox on rainy days. Aside from money being tight, we had no complaints whatsoever.

Even without a huge paycheck, Dave's job continued to provide us with everything we needed. We decided that I would continue to stay home with Eric. It wasn't until he was about three that I began working occasional, part-time jobs to help out with the finances and get out of the house a little. Dave really didn't care if I worked outside the home or not. I will always be indebted to him for never pressuring me to hold down an outside job.



Changes

CHAPTER 2

It all came on so suddenly that, even now, I think of Eric's life in two parts: Part I was before that fateful day in June, and Part II, after. My Eric from Part I was cheerful, happy, fun to have around, and very, very sweet. My Part II Eric was a wild man who ran all around the house, screaming at the top of his lungs, "No, no, no, no!" Changing his diaper was an enormous struggle. He kicked, he tried to stand up, he yelled "No, no, no, no!" some more, using every trick he could to get away from me, completely unaware that he was three feet up off the ground on the changing table. I had to use all my strength to hold him down with my left arm while changing and dressing him with my one free hand. Once we got through that and I let him down, off he would go, running down the hallway and all over the house, still screaming, "NO! NO! NO!"

Aha! So this is what they mean by the "terrible twos," I thought. At only sixteen months old, he seemed a little young to be in the throes of this two-year-old state already but Eric had done other things quite early, such as walking at ten months, and running soon thereafter. He wasn't heavy and, in fact, had always been exactly average for weight and height. However, a trip to the grocery store was necessary that day, which meant another struggle to catch him, manhandle him into his car seat, and get his seat belt buckled. At that point, knowing he was strapped in and unable to escape, I could then

go inside the house, collect my purse, wipe the perspiration off my face, take a deep breath, and continue on our way.

Finally headed out in the car, Eric again began screaming “NO! NO! NO!” and he desperately wanted out of that car seat. He cried, he pushed on the bars with his hands and feet, his face became contorted and red. He was truly having a tantrum. He slouched down to get under the front restraint. He screamed “NO!” so loudly that it made my body jerk suddenly; my patience was fast coming to an end. With knuckles white from holding on to the steering wheel, I was trying to watch the traffic and keep one eye on Eric. I vividly remember falling out of my mother’s car when I was about three but there were few cars in sight. Now, with higher speed limits, and two or three lanes of traffic in each direction, there was no way I could take a chance on Eric escaping. I panicked at the very thought of it, and did something I swore I would never do as a parent: I screamed at him to shut up, and then I screamed it at him again. Somehow, though I’m certainly not proud of it, I did get his attention and he calmed down.

Once inside the grocery store, I hoped he would remain calm but I still used the safety strap to buckle him in, just in case. Within minutes, the calm was broken once again by Eric’s red-faced struggle to free himself, throwing his head back in anger and frustration. And when that sudden movement hurt his neck, he began wailing loudly, bringing knowing smiles from some of the other shoppers and angry glances from others. Somehow, by wrapping my arms around him and holding him tightly, Eric recovered within a minute or two. Finally, he was calm enough so that we were able to continue on with our shopping.

By the way, the grocers in our town are some of the most patient people around. One time, when Eric leaned over the cart, grabbed a carrot, took a bite out of it and hurled it back, the produce man, who happened to be standing right there,

didn't even bat an eyelash. He just laughed and said, "Boy, he's fast!" I picked up the carrot and put it in with the rest of our groceries even though he insisted I didn't have to buy it. But to me, it was the principle of the thing: if you wreck something, you pay for it. Simple. And, I figured, it's never too soon to teach kids right from wrong, even though my scolding was probably falling on deaf ears. From then on, I kept the cart out of grabbing distance.

Somehow, on that same pivotal day, we made it home, and after feeding Eric his lunch, I put him down for a much-needed nap. But he wouldn't sleep. Finally, I stood by his door, peering through the opening, trying to figure him out. He took all the stuffed animals and blankets out of his crib and threw them around the room. He walked around in his crib, drawing wet lines on the wall with his tongue. He rocked the crib back and forth; he laid on his back and kicked gently on the bars and I thought he would finally soon be asleep. But up he popped again, rattling the side-bars, and walking around. He sucked his thumb, twirled his hair and finally did drift off to sleep. It seemed an ideal time to grab a little nap myself but in ten minutes, the calm had ended and Eric was, most definitely, awake.

He was a whirlwind in perpetual motion. He flew from one toy to the next and after being in the living room alone for thirty seconds, he had toys and blocks scattered all across the floor. He jumped onto his little wooden chair and furiously rode it like a horse but he did so with such intensity and yelling that I had to keep pulling him off the chair to try to get him interested in something else. I sat him down in another chair for a time-out as I sat there, keeping an eye on him. A minute later, he was running around the living room, screaming, "NO! NO! NO!"

It's a good thing that I didn't know then that this day, which I told Dave was like a "day from Hell," was to happen again and again and that, one day, I would look back and think it was

pretty easy because at least, at sixteen months old, Eric still stayed in the house.

Subsequent trips to the grocery store or other errands were always the same; the struggle to get him dressed, the struggle to get him into his car seat, the jangled nerves from the car ride, the struggle to keep him from getting out of the cart, and the struggle to keep him from grabbing things off the shelves. I learned to be constantly vigilant to keep him from grabbing things in the cart and throwing them on the floor, after a dozen eggs were gleefully tossed overboard. The checker was so understanding and simply sent someone for a “wet clean-up” at check stand four and another dozen eggs. Scolding Eric did no good. He just reached up to me and whether it was for a hug or just some way to get out of the cart, I didn’t know. After that, I tried to hire a babysitter so that I could occasionally shop in peace and was never in a big hurry to return home.

Eric’s constantly runny nose didn’t seem like a big problem but, since I read that it was often a symptom of a milk allergy, I started giving him goat’s milk instead. When I couldn’t find goat’s milk I gave him soy or rice “milk.” His runny nose did clear up, but he was off cow’s milk for a whole year.

Every day, Eric awoke early and the day began with the struggle to get him dressed. Then came the struggle to get him to eat and, as I cleaned up after him, he was already sprinting to the next room and then the next, leaving a huge mess everywhere he went. While talking long-distance to Dave on the phone, I couldn’t help but complain about how difficult Eric was to control. With his customary calm and logical approach, he reminded me to be patient—that Eric was just going through a stage. So when Dave returned home from that trip, I put him in charge of Eric for one entire day.

I didn’t say a word as Dave, too, struggled to get him dressed and fed and then cleaned up the kitchen floor after breakfast. The food was all over Eric, his highchair, the

counter, and the floor. At that point, Eric, after throwing two toy cars into the toy basket with all the strength and speed he could muster, saw a bird and ran outside to chase it. Dave ran after him but Eric was already climbing up a tree. This time, Dave had a much more forceful and impatient tone to his voice, and I thought Eric might just respond better to such a strong male voice. Instead, once he was inside the house, he ran down the hall and into the bathroom where he turned on the water full force. Dave mumbled something under his breath, walked outside, came back in with the garden rake, and started raking up all the toys himself. It was the water running out from under the bathroom door that caused Dave to once again see what Eric was up to. There was water everywhere and Dave quickly placed a dripping wet Eric in his crib while he grabbed bath towels and started mopping up. Dave is such a good and kind person that I couldn't just stand by and let him do it all himself so I pitched in and helped. And we didn't talk.

Lunch was a messy repeat of breakfast and, after cleaning up, Dave was ready for a nap. He found a television station that would be running cartoons for the next hour, got Eric interested in it and settled in, and then laid down on the couch for his well-deserved rest. Unfortunately for him, he had to learn the hard way not to leave Eric unsupervised without paying a price. He was awakened by a bucket of sand being poured on his head by his laughing son. Dave was not amused. I don't know if we ever got the sand out of the shag carpet and furniture. Dave was just happy to finally get it out of his ear.

It was soon after that, when I was talking to my sister, Beth, on the phone that I complained about how active Eric was and how exhausted I felt all the time from trying to keep up with him. She, being the mother of two boys, just chuckled,

"That's why they call it the *terrible twos*, Linda!"

"I know," I replied, "but this is ridiculous. It's like living with a tornado every single day of the week. Aren't children

supposed to be calm and quiet once in a while? Aren't they supposed to take naps?"

"It'll get better," she answered. "You'll see. You're just not used to boys."

As the next two years passed slowly by, Dave and I got very little sleep. Eric always woke up early so we made a rule that he had to stay in his crib until it was light out. And though he was still throwing everything out of his crib, including the stuffed animals, blankets, and sheets, at least he did stay in his crib. We tried to get him to bed by eight o'clock but he was awake until at least ten or eleven. We gave up trying to get him to take a nap. It was just too frustrating and, besides, even a ten-minute nap meant he wouldn't sleep through the night.

I read books on parenting techniques. I attended a lecture by one of our local doctors on "The Terrible Twos." I watched Dr. Brazelton, the pediatrician, on television. Nothing really explained Eric.

At four years old he was just a little too big for his crib and was sleeping in a regular bed when he started sleepwalking. We worried that he would fall down the stairs so we barricaded them with chairs. We considered ourselves lucky whenever we could sleep through the night without being awakened by Eric wandering into our room or by the sound of his talking loudly in his sleep. When he did sleep, it was so deeply that it was impossible to wake him up. Absolutely impossible. Dave and I were chronically tired from a lack of sleep and the stress of living with the human whirlwind. One morning, I was awakened by the vibrations of Eric's toy chainsaw being held to the side of my head. We still had the rule about not getting up before dawn but, since Eric was no longer confined in his crib, all we could do was punish him for not minding. After repeated scoldings, time-outs, and a swat on the bottom, Eric still didn't learn the rule.

One night, or early morning, he took out a spray bottle of

water and “dusted” all the furniture, photos, and the television set. It took a long time to figure out why everything was so wet and the wood finish on our hand-me-down furniture and picture frames was turning a splotchy white. Then sticky places kept appearing all over the floor but the strange thing was that, even after I mopped it up, and even though I cleaned up spills as they happened, the sticky places just kept reappearing. Discovering a sugar bowl half full of water under the couch a week later explained it all. Eric had been finger-painting with it on the carpet in the living room. It wasn’t until it crystallized and turned crunchy that I realized what it was and could get it cleaned up. I felt so thankful that, even though it was a hassle, at least Eric wasn’t hurt when he climbed up on the counter to get the sugar out of the cupboard. That cupboard is right next to the gas stove and Eric had to have been there some time during the night.

Because there is no wall between our kitchen and the rest of the house, there was absolutely no way to completely seal off the kitchen. Lining up chairs from wall to wall would have been useless, as Eric could easily climb up on the breakfast counter. I suppose we could have stacked chairs from the counter to the ceiling every night but if Eric climbed up there and fell down, he would have been seriously injured. And now that he was four, those expandable barricades were simply too easy for him to climb over.

Eric discovered that honey was even more fun to draw with than sugar and when I went into his room the next morning, I didn’t know if I should laugh or cry. He was just sitting there, sticky and gooey from top to bottom, with honey everywhere. His sheets, blankets, stuffed animals and even the carpet were a sight to behold but I did, finally, get everything washed. Except, of course, for the carpet, which never did come clean.

Until this point, I had merely thought of Eric as being a normal, active little boy. I wanted to believe my sister’s and

friends' advice on raising boys. But I was becoming increasingly worried that something was wrong.

When he was still four, I took him to a special presentation for pre-schoolers, which was given by our local fire department. After explaining what the children were to do if they suspected a fire in the hallway outside their bedroom door, the fireman asked the group what they would do. Most children came up with appropriate responses like, "Stay low!," or "If you touch the doorknob, and it's hot, you know there's a fire." Eric was so excited to answer the question that he was standing and waving his arms, and when he was called on, his answer was, "It could be a robber and I would shoot him! Bang, bang! 'Cuz robbers, they're bad, bad, bad!" And he continued on in this vein until the fireman was finally able to change the subject. What I saw was a four-year-old boy who was nowhere near the maturity level of other children his age, or even a year younger. Something was wrong.

What do you do when you suspect your child is not developing at a normal rate? I did what most parents do; I took him to see our family doctor, Dr. Reed. Eric spent the entire appointment spinning round and round on the doctor's chair, and I made no attempt to stop him. I wanted the doctor to get a glimpse of Eric's constant movement. I told him that I believed that not only did his brain development seem to be lagging, but that he might be hyperactive. Dr. Reed just smiled and assured me that he was just an active little boy, maybe a little behind the others in maturity, but certainly not hyperactive.

With two boys of her own, my friend, Cheryl, was always happy to give me any child raising advice she could. I told her, "He still doesn't sleep! He's on the go from morning til night. It's hard to get him to eat anything healthy. All he wants are sweets, and he didn't even taste sugar until he was almost two! We never let him have sweets of any kind when he was younger—no pop, no cookies, no ice cream, nothing. Now he's

a candy freak!" I had tried and tried to get Eric to eat wholesome food but I also had to face facts: he probably inherited the same "sweet tooth" I had always had, and which my grandmother had had, and for which my mother was notorious.

"Linda," Cheryl said, "boys are just more active than girls. And let me tell you from experience, that if you take away all the candy and not let him have any, you'll be making it a forbidden fruit that he'll want that much more."

Another friend, Laura, the mother of three boys had one son who was more active than the others. Physically, he was very much like Eric: he had blond hair, blue eyes, and fair skin. Being older and considerably more experienced at parenting than I was, I believed Laura knew what she was talking about when she said Eric would eventually just grow out of it. "Keep him involved in sports and, remember, there's never more than one of the active types in any family."

My mother-in-law diplomatically called us "brave" when we told her of our decision to have another child, but I truly believed Eric would grow out of his terrible two behavior some day, and we would finally be a harmonious and happy family. I didn't want to raise an only child, and I didn't think a second child would behave anything like Eric. I didn't know if Dave's mother was trying to say we shouldn't chance it or what, but I knew she was trying to spare us from any more disappointment. For those of us coming from a broken home, family means a lot more to us than it does to someone whose home life was cohesive and stable. A normal, reasonably happy family was all I ever wanted. Why was it so elusive?

The following summer, as we were expecting our second child, we continued to struggle with Eric. Only now, instead of playing at night when he should have been sleeping, he was sleepwalking. Several times at night, as Dave and I watched television, Eric would suddenly appear. He was dazed and unable to respond to us in any way, even though his eyes were

open. We tried yelling just to see if he could hear us, but he couldn't. We tried shaking him gently; we tried saying his name over and over again. But we could not wake him up. More than once, as Eric had silently wandered into the living room, Dave caught him just in the nick of time before he opened the front door. We worried what might happen.

At four and a half, Eric was starting to get very tired in the afternoons, and one day he fell asleep on the couch. How wonderful it was that he was not only tired but was also taking a real nap. Over the last three years he had taken naps every now and then and had even slept through the night. Every time, I would hope that this was the beginning of his growing-out-of-it phase. After all, he had become a terrible two-year-old overnight at the age of sixteen months and still, three years later, hadn't come out of it. He was still throwing tantrums when he didn't get his own way. Sometimes it was simply a slight frustration that would set him off, such as a toy not working properly or not being able to locate something.

When the neighbor boy, Danny, who was twelve at the time, was trying to help Eric ride his little bicycle that summer, Eric wobbled a little. He then threw his bike down, became furious, turned red, and screamed at Danny, "You're trying to kill me!" He completely fell apart, crying so hard that he could hardly walk. He stormed into the house and screamed the same words over and over again, "Danny tried to kill me! Danny tried to kill me!" It just so happened that I had been watching them from the living room window. It was such a pleasure to see Danny spending time with Eric. Danny was a kind and patient boy, and it was sweet of him to try to help Eric with his bicycle. So, of course, I knew Danny had done nothing wrong. Even though Eric finally calmed down, and I apologized to Danny, I wondered what Eric's bad temper was going to do to him in life. And it was more than just temper. He didn't just become enraged for nothing; he became enraged because he

sincerely believed Danny was trying to kill him. Did he have a vivid, childhood imagination or was he a little bit out of touch with reality? From that day on, Danny jokingly referred to him as “Eric the Exploder.”

When Eric fell asleep on the couch I took advantage of the quiet time and took a nap myself. Knowing I was very, very tired and cranky, I felt a little sorry for myself, but more than anything, I was so disappointed in myself for doing such a lousy job of parenting. Both my husband and I had prepared ourselves for parenting. We had worked to provide a safe, healthy home for our family. I knew we were dedicated to this child. Given our backgrounds, I didn’t understand why I not only felt no confidence as a good parent, I also felt I was failing at this most important work of my life.

I never knew it was going to be so hard. I never hit Eric nor spanked him in anger. On those occasions when I became very frustrated and angry, I yelled at him but I never threatened him. With every ounce of self-control that I could muster, I always tried to keep my brain in control, not letting my emotions get away from me, or I would surely have lashed out at him physically. I had already broken my own promise several times not to ever yell at my child to “shut up.” I knew that to allow myself to lose any more control than that would result in physically abusing my own child, and that was never going to happen. Even if I were carted away to a mental hospital like my mother, that was never going to happen.

That day, and there were many days like it to follow, I fantasized about giving Eric away to someone, anyone, who could do a better job than I was doing. On our way home from the dry cleaners, I bought Eric some fast food for dinner so that I wouldn’t have to cook. I was simply done struggling for the rest of the day.

At four and a half, Eric still slept very little. He was constantly and nervously sucking his thumb, twirling his hair, and

moving some part of his body at all times. He had dark circles under his eyes and hearing the word “no” still sent him into tantrums. Though my more experienced friends told me not to worry, I did. Something was wrong.

When Dave arrived home in September, our discussions, as always, centered around Eric and his strange behavior. “Dave,” I said, “do you think it’s possible that he has somehow been abused? I was reading an article the other day about the warning signs and I think it sounds like Eric. Kids who have been abused can have problems with learning to use the toilet, and you know what a bundle of nervous energy he is. Maybe there’s something really bothering him. Maybe that’s why he sleepwalks and why he’s so volatile.”

“But who would do such a thing?” Dave asked.

“I don’t know, maybe a babysitter at some point,” I said. Eric had been cared for by others occasionally and had gone to daycare now and then. I even had a part-time job when Eric was three and left him with a babysitter every afternoon on those days when Dave was gone.

“His behavior is just not normal for a four-year-old,” I continued. “He’s still acting like a terrible two-year-old, and he has all these problems! There’s something wrong,” I added, no longer holding back the tears, “and I want to know what it is!”

Locating a child psychiatrist, a Dr. Wendell, through the yellow pages, we took Eric for an evaluation. We were very specific and explained to him that we wanted Eric evaluated for physical and sexual abuse.

We waited and waited and finally, the doctor and Eric emerged from the office. Sending Eric to play in the children’s toy corner, we braced ourselves for the worst.

“First of all,” Dr. Wendell began, “I want you to know that I do have many children in my practice who have most definitely been abused. I evaluated your son and I did not see any signs of abuse, either physical or sexual. I understand your con-

cern and I believe there may be something else going on but, at this point, I can say without hesitation that your child has not been abused.”

What relief. Dave and I were elated at the good news, but we realized we still had a difficult child to deal with.

A few months later, our second son, Aaron, was born. Dave and I were delighted to have our two boys. The delivery was not easy but, somehow, we all made it through. Before we knew it we were on our way home. Eric was not all that interested in his little brother, but as time went on he learned how to hold him and did seem to enjoy having him around. He never seemed jealous of him, maybe because they were so many years apart. Aaron was a husky, healthy, wonderful baby.

Our financial future didn't look good. Dave's company was "reorganizing" and he was keenly aware that his job could disappear any day. Dave said to me, sadly, one day, "There's no job security any more, no matter how hard you work or how good a job you do. The company only cares about the bottom line: dollars and cents."

That summer, as I sat on the grass at Eric's swimming lessons, holding Aaron, I tried to enjoy what little time we would have left together before finances forced me to go back to work. Having a full time job and leaving my children to be raised by strangers was the last thing I wanted.

As Aaron sat happily observing the kids and all the splashing noises and hubbub going on all around us, I began reading a book I had found in a box of children's things my sister had given me. It was entitled *Improving Your Child's Behavior Chemistry*. To my surprise the author, Dr. Lendon Smith, seemed to be talking about Eric as if he knew him. The book explained a behavior disorder that seems to be more common in boys than girls and especially among the fair, blond, blue-eyed boys. That was Eric! I excitedly read on. Dr. Smith said they need a diet with less sugar, preferably none at

all. They must have protein at every meal and again for snacks twice or three times a day, especially at bedtime. These snacks could be just a teaspoon of peanut butter or a piece of beef jerky or cheese. The important thing was to make sure they got more protein, more often. Finally, I thought, there's someone who understands what's wrong!

That very day I began making sure that Eric had protein at every meal, a protein snack during the day, and another before bed. From the first night I started him on the added protein, his sleepwalking stopped.

On the final day of swimming lessons, Eric and all the other children were in a race to see which student could "swim" across the pool first. They held on to paddle boards and kicked with their feet. Long after all the other children had finished the race and were drying off, Eric was still in the water. His eyes were closed and, still holding on to the board, he was wandering all over the pool. I don't think he even knew that he was in a race, or that a race means competition. Finally, he reached the other side and his teacher pulled him out of the water. Everyone applauded because Eric had finally made it across and he was given a blue ribbon for participating.

After two weeks of following Dr. Smith's recommendations, I realized that Eric might actually be able to attend kindergarten, which was to start in less than a month. He seemed calmer and less hyper. Because of Dr. Smith's book, we never again sent him to bed without dinner as a punishment for misbehaving, no matter how awful he was to us.

At Eric's checkup with Dr. Reed at the end of August, I mentioned Dr. Smith's book and how much it had helped us. Dr. Reed replied, choosing his words carefully,

"Dr. Smith is not well respected in the medical community, and research has not really proven any of his theories, but if it helps Eric, stay with it. Most people in this country get too much protein so be careful not to overdo it."

Even though Eric had improved he continued to be difficult to be around. He still couldn't seem to learn; he still hadn't learned to treat us, or anyone else, with any respect; and he still couldn't seem to follow any rules, not even the simple ones, like taking his shoes off when he entered the house. He rarely let you finish a sentence before he interrupted or asked a question that had absolutely nothing to do with the topic at hand. I was so frustrated dealing with him day in and day out. So was Dave.

And yet, I could easily see that there were really two very different sides to him. The other side was someone who was funny, loved sports, had dozens of friends, and was kind to animals. I often wondered why other children liked him because he flew into a rage just as easily with them as he did with adults.

By now, it was clear that Eric was indeed "different," but there was no one to talk to about him; no one to give us any advice that made sense. No one, except Dr. Lendon Smith, seemed to have any clue as to what was really wrong with him. I blamed myself for being such a failure as a mother. And when I wasn't blaming myself, I was blaming Dave, even though I never came right out and said so. He was gone too much; he was too stern with him; he was too this, too that. He thought I was just a pushover and needed to punish him more. Not surprisingly, our relationship became so strained that we never talked much any more. Dave would come home from work, exhausted, just wanting to rest. Instead, he would be faced with an intolerable little tornado and his exhausted, irritable wife.

When you have a child as difficult as Eric, it's easy for the parents to fall into the trap of blaming each other for their lack of parenting skills. We both did the best we could. Dave was raising Eric the way his parents raised him, and I was trying to raise him the way my mother raised me. We were worlds apart. A child like Eric will test every fiber of every

little skill you thought you possessed until you don't know which end is up or which way to turn.

Spanking had never worked with Eric. He would just laugh and say it didn't hurt. Dave tried spanking him harder and still, Eric refused to let on that it hurt. Whether we tried scolding him, time-outs, withdrawal of privileges, or reasoning with him, it didn't get through. He just continued to treat us like the scum of the Earth. We meant no more to him than a pile of dirt. He didn't care one bit about us or our rules.

Dave and I finally talked at length about our differences in trying to raise Eric. We knew it must be hard for Eric to be around my more relaxed style of parenting and then to have his dad come home and expect us to do everything his way. It wasn't easy for any of us. Finally, Dave and I signed up for a parenting class.

We took the "Step-Parenting" class and learned the "steps" for using natural and logical consequences for Eric's behavior. It was basically how my mother and step-father raised me and Beth, so I understood and was able to follow it quite easily. It turned out to be a great way for Dave and I to finally agree on how to raise Eric so that Dave didn't feel that he needed to punish and I didn't feel that I needed to be so protective. If we told Eric to pick up his toys in the living room he could choose to mind us or take the consequences. In this case, any toys left on the floor would go into a bag and Eric would not be allowed to play with them for the rest of the day. I think he did learn a little from this approach. Most of all, it helped Dave and me to quit fighting about how to raise and discipline our child.

For the most part though, Eric still wasn't learning. He just didn't get anything. He didn't understand rules; he didn't understand relationships; he didn't understand normal human behavior. He hated to be touched and the only way we could hug him was an "air hug." We could barely touch him before he was trying to get away. While he usually seemed tired and had

dark circles under his eyes, he was, at the same time, completely wound up like a top, ready to spring. We thought he must be a "Type A" personality and wondered whose genes he had inherited. He was not like either of his parents. I was so sick and tired of his misbehaving and his tantrums and his refusal to eat and his drive to eat sweets and—the list could go on and on. I was sick to death of being a mother; if there had been any way of giving him away, I would have happily dropped him off somewhere, anywhere. But there was no one who could help. We had no relatives to take him for a day or even half an hour. There was no getting away from him.

As time went on, we continued giving Eric protein whenever we could get him to eat but he was so picky about food that it wasn't easy. I had cut out as much sugar from his diet as I could but he was still driven to eat sweets whether we were at home, someone else's house, or the grocery store. Because he would search out and eat anything sugary in the house, I got rid of all of it: no table sugar, no honey, no corn syrup, no cookies, nothing. Reading Patrick Dufty's *Sugar Blues* made me realize that we were far from alone. Many people have a problem with sugar.

But one day when Eric was searching the cupboards for something sweet, he discovered the powdered bakers chocolate. I was in another room, so he quickly pried the lid off and poured some in his mouth. His wailing, coughing and sputtering brought me running into the kitchen just in time to see him cough a cloud of brown powder into the air. I couldn't help but chuckle, remembering how I had had the same experience as a child. Eric burst into tears of frustration and anger. As I helped him down from the counter, he screamed at me,

"You tried to poison me! Yes, you did! Quit laughing at me!" Then he ran out to the living room, threw himself down on the shag carpet, and kicked and cried until he fell asleep.

Friday nights became "family night," the one night a week

that I didn't just allow Eric to have candy, I let him have all he wanted. That way he didn't mind giving up candy the other six and a half days of the week. Every Friday, we rented a video, or played a board game and he ate candy to his little heart's content. That seemed to tame the "candy monster" without making candy a tempting, forbidden fruit. This plan had the extra advantage of making him rather sick to his stomach by the time he finished enough candy, making it that much less appealing the next week. Eventually and very gradually, I was able to cut down on the amount of candy I bought every week until a single candy bar became all that he wanted or expected. Family night, after all these years, is still our highlight of the week.

From the time Eric was just a baby he sucked his thumb and twirled his hair when he was tired. Somehow, it seemed to soothe him and help him let go of some of his tension. But, at seven years old, he was still sucking his thumb, causing the roof of his mouth to curve and his upper teeth to become misshapen. The orthodontist fitted him for a "rake," a metal device with short, pointy spikes placed behind the upper teeth so that it was impossible to suck his thumb. After the rake came the orthodontia to reshape the roof of his mouth, and after that came the orthodontia to straighten his teeth. All totaled, it took four years and six thousand dollars to repair the damage caused by thumb-sucking. We made payments.



Fourth Grade

CHAPTER 3

Another teacher, Paula, and I would often compare notes on the similarities between Eric and her son, Justin, who was a year older. But Paula and her husband were dealing with one problem I was thankful not to have: Justin was still wetting the bed and not just occasionally, but *every night*.

Sometimes he would make it to the bathroom where he would *think* he was urinating in the toilet when, in reality, he was going in the bathtub, or all over the floor, or on, not in, the toilet. They had tried a bed-wetting alarm two years before but Justin had slept right through it. Like Eric, he could have slept through a bomb going off next to him. This time, Paula told me, they made monthly payments on a twelve hundred dollar alarm. For four months between midnight and 3:00 A.M., they were awakened by the loud, nerve-splitting sound of that alarm, a signal for one of them to rush into Justin's room and guide him to the bathroom. Sometimes they both got up and struggled to wake him as part of the training to use the toilet. More often than not, he would not wake up completely, no matter what they tried. Still, the effort seemed to be paying off as, after six months, he only wet the bed once or twice a week. To Paula, it was heaven not washing his sheets every single day.

In our household, Eric was still belligerent, on edge, easily angered and ready to lash out at anyone who displeased him. He hated eating and, much as we tried not to get into battles over food, we had to make him eat or we would have to live

with the consequences of his sleepwalking at night. He wouldn't, or couldn't cooperate with his family, teachers, Sunday school teacher, or anyone else. He was a bundle of raw nerves, ready to unravel at the slightest provocation, usually simply upon hearing the word "no." He was becoming very pushy in begging for things in every store we went into and, if I did buy something for him, he would usually have forgotten it completely before we even arrived home.

Even with countless reminders to keep his mouth closed while he chewed his food, his eating habits were still dreadful. He talked with his mouth full. Whenever and wherever he ate he dropped food. Having so frequently spilled his glass of milk at meals, we learned to always serve it in a mug and keep an eye on it, moving it out of harm's way as he ate. When Eric tried to put something in the garbage, he usually missed and then walked away, leaving it on the floor. Everything ended up on the floor whether it was pizza crusts or old school papers. We had a separate bag for recycling glass, cans and paper but these too went into the garbage. We tried over and over to teach him that we recycle things but he never did figure out how to do it. Eric still didn't slow down enough to take off his shoes when he came in the house. Aaron had been doing so, without being reminded, since he was three.

One day toward the end of May Eric came in the house just before dinner, rubbing his eyes. As I stirred the pot on the stove, I glanced over at Eric and had the shock of my life: the white part of his eyes were so swollen that his irises were completely sunken in. His eyes looked just like golf balls and I was afraid they would literally pop open, blinding him for life. Dr. Reed agreed to see him right away and gave him an antihistamine. Coupled with cold compresses on his eyes, the medicine began to work and the swelling went down. We suspected it was the grasses that spring up in May and June.

I took Eric to a medical doctor who specialized in allergies.

Not only was I looking for the exact cause of his swollen eyes, but I wanted to know everything he might be allergic to. I wanted to know what was causing the dark areas under his eyes and whatever was causing his ears to be such a bright red. The skin-prick test just showed that he was allergic to grasses but was not more specific than that.

Eric was so volatile, so angry, so over-emotional that I dreaded it when June arrived and Dave had to go back to work. It meant that I would be left alone with the boys. Dave, understandably, seemed relieved to be leaving. And why wouldn't he be? There, people followed rules and a routine; no one yelled; no one fought over every little thing. And Dave would have a hotel room all to himself, complete with enough free time to read a book or go for a walk. It sounded like heaven to me.

The summer months (as I suppose every mom knows) meant more refereeing—keeping Eric away from Aaron as much as possible. Eric's way of playing consisted mostly of getting everyone and everything worked up into a frenzy of activity, whether it was playing G.I. Joes, or little cars or a game of kick-the-can outside. Play invariably escalated into fighting, yelling, screaming, tempers flaring, and doors slamming. Not just occasionally, but every day. Every time.

Disagreements like this can, and do, happen even between normal brothers, but Eric's "play" was extreme. He might start out normally, but would quickly speed into overdrive. He was always too rough, too fast, too hyper, too easily angered. As Dave put it, his play was just about getting stimulation, and lots of it. When Aaron would get hurt or frustrated to the boiling point, he would finally lose his temper. Eric would respond by yelling at him, "Oh, my God! I didn't do anything, you lying piece of garbage!" This, from a nine-year-old boy to a four-year-old. Eric's anger continued until he was out of control and he'd start yelling at me. At that point, to keep myself from losing control, I had to force Eric to go to his room to cool

down, no matter how much yelling it took. By then, I was the butt of Eric's anger, but at least it protected Aaron.

Eric began stealing. He took money out of my purse and coat pockets. He helped himself to Aaron's piggy bank, too, as well as Aaron's toys, gum, or anything else he wanted, never asking to borrow anything. He became infuriated when Aaron caught him and wanted his things back. I started hiding my purse. We punished Eric, but as usual it didn't do any good. We lectured him on how stealing is wrong, blah, blah, blah, but his answer was always the same,

"I didn't take anything! You're making it all up. You're all liars!" And, turning to Aaron, he yelled, "You friggin' little moron!" or worse. Storming off to his room, he'd slam the door so hard it made the windows in the living room shake.

Eric knew (or should have known) that if he couldn't treat a door properly that he didn't deserve to have one. I removed the door from the hinges and stored it in the garage where it remained for two whole weeks. Natural and logical consequences are much more pleasant than yelling or spanking. I felt a certain smug satisfaction whenever I walked by his room.

Through all the chaos, I still tried to find ways to help Eric be successful, at least at little things. If he managed to flush the toilet or put his dirty clothes in the hamper, I gave him a "Caught Ya Being Good" ticket. Ten tickets added up to staying up an hour later on family night, or getting to choose the next night's dinner, or having a friend spend the night. I tried to find at least two things he did right for every one thing he did wrong and sometimes it was a real search. When he said "thank you," I sometimes replied with, "Thank you for saying thank you" and gave him a ticket. I think that no matter how awful a child is, we adults can always find things he does do right, even though it may be tiny. That turned out to be one of the few things that seemed to balance out some of the negative attention he received.

Often, when we were going somewhere in the car, Eric made more and more noise. I tried to remain calm as he escalated to yelling. I pulled over to the side of the road and, as calmly as I could, told him to stop yelling. We continued on. He kept it up, becoming louder and louder, until I yelled back at him to stop yelling. It was crazy! He responded by yelling back at me, "All you do is friggin' pick on me! You hate me and I hate you!"

It was all I could do to keep from screaming how I really felt at the moment; that I hated his guts, that he had ruined my life and that if I could give him away I would have done so long ago, to anyone who would take him. Instead, I yelled back, "I do not hate you! I hate the way you behave; don't you understand the difference?"

At church, Aaron was able to go to the nursery and play with the other children during services, but Eric had to stay next to me to keep him from getting into trouble with the Sunday school teachers or other children. But, eventually, his terrible behavior on the way to church just became too much to bear and we stopped going to church altogether.

In July that summer, I started sending Eric to an outdoor day camp run by a local church. They had wonderful group leaders, usually college students majoring in education, who had enormous enthusiasm and patience with children. Eric needed the structure a program like that could provide and the vigorous, outdoor activities were a perfect release for his excess energy. They even had short Bible lessons which I thought would be great since we couldn't go to church any longer. But one day Eric came home complaining that the other kids had been mean to him and that he was mad at the counselor for not sticking up for him. And the very next afternoon, I received a call from the camp counselor asking me to come and pick Eric up because he was being kicked out of the program. He had told the counselor to "fuck off."

It was shortly after that when I had to admit to myself that I was becoming depressed. I never, ever did anything fun. Life was just an endless gerbil's wheel of frustration and anger at having to deal with Eric's problems day in and day out. There was nothing else because every outing, every activity was ruined by Eric. I had exactly two friends left who seemed to understand the situation and still chose to be around us. Dr. Reed was happy to prescribe an antidepressant for me, making it clear that I should not expect any miracles for at least a month. It takes that long, or longer, for the drug to build up in the body and reach its full effective level. I was surprised at how expensive it was and thankful I had insurance to pay for it. After ten days and feeling as if all my senses were being blocked somehow, I quit taking the Prozac and just continued my unhappy existence. I just couldn't stand the feeling of being drugged.

Getting Eric to cooperate at anything was so much work that I usually just did everything myself. I gave up asking him to set the table because he always forgot the glasses, or silverware, or plates, or all three. When I asked him to put the milk back into the refrigerator, he grumbled and whined, "Why can't Aaron do it? You never ask him to do anything!"

"Well," I'd say, "Aaron helped unload the dishwasher. And, besides, he's only four. You're nine!" That only brought more scowling and arguing so I seldom asked for his help at anything. Eric never backed down in an argument whether it was his parents, his teachers, or anyone else. If I told him he was being disrespectful, he would just yell at me,

"Why don't you change *your* attitude? You're always trying to get me in trouble!"

I began taking little breaks from him by putting as much distance between us as I could. If he was in the living room, I went in the kitchen. If he was in the backyard, I went to the front yard. I quit talking to him unless he spoke first. Once he

had a door again, I would close it and pretend he didn't exist. It was the only way I could get through my life.

Summer ended, thank heavens, and I went to work full time. It was difficult trying to hold down a job with a son like Eric to care for and a husband gone six months a year. I didn't think it was fair to Dave to expect him to shoulder the entire financial responsibility for our family, especially when we were one of the few families we knew with just one income.

I received phone calls at work from Eric's school. "Your son spent the afternoon in the principal's office today," or "Your son wouldn't keep his hands to himself today. Could you please come and pick him up and have a talk with him?"

What did they think I'd been doing for all these years? Did they really think I just let Eric behave that way? I guess I was getting a bit defensive.



In Drugs We Trust

CHAPTER 4

As Paula and I discussed our sons' problems, we realized how similar our families were—both in the immediate challenges we faced with our our children and in patterns of family history. She, too, had a mother who suffered from mental illness, as did her sister. Her son was so inattentive at school that he was failing all his classes. Except for Eric's volatile temperament, our boys were so much alike. Paula's daughter, Jessica, was a good student and was well liked by her teachers, but at home, just when she turned sixteen, she became an emotional roller-coaster. When she heard the word "no," she began to fly into a rage, screaming at her parents to shut up and calling them all kinds of awful names. Paula was understandably upset. Her little girl had been so sweet and easy to be around when she was younger, but now Paula never knew from one moment to the next what Jessica would be angry or screaming about. After several wild years, she was diagnosed with bipolar and put on lithium.

When Eric was in fifth grade, Paula called me to share the big news: a book she had just read said that doctors finally had a name for her son's problems, and Eric probably had the same thing. It was called "Attention-Deficit Disorder with Hyperactivity." She went on to say there were nineteen symptoms of this disorder and Justin had about twelve of them. She was so thrilled to finally have a name for what was going on with him and to find out there was a medication that could control it.

After reading her book I, too, was thrilled. Eric had all nineteen symptoms and every one of them was not just mild, they were severe. The following is the list of symptoms of ADHD from the book *Helping Your Hyperactive/Attention Deficit Child* by Dr. John Taylor:

1. Distractibility
2. Confusion
3. Faulty abstract thinking
4. Inflexibility
5. Poor verbal skills
6. Aimlessness
7. Perceptual difficulties
8. Inattention to body states
9. Constant movement
10. Irritability
11. Food cravings
12. Allergies and sensitivities
13. Sleep problems
14. Coordination problems
15. Self-centeredness
16. Impatience
17. Recklessness
18. Extreme emotionalism
19. Weak conscience

The book went on to explain how to cope with the disorder and that several psychotropic drugs have been found effective. I whisked Eric in to see the first pediatrician I could find who acknowledged the existence of the disorder. His name was Dr. Donnelly and my hopes soared! At last, somebody, especially a doctor, had finally understood that my son's problems were a bona-fide disorder, not the result of bad parenting. Help, in the form of a pill, was right around the corner!

Dave, Eric and I went to see Dr. Donnely as soon as we could get in. He was a new, young pediatrician in town and practiced in a large pediatric office. Explaining that treatment would consist of drug therapy combined with family counseling, he nervously advised us of the importance of counseling for the entire family. He struggled for words as he told us how the treatment worked, obviously uneasy at telling us that we needed counseling. But I'd been taking Eric to a counselor for over six months so it certainly didn't hurt my feelings to hear that we could use counseling. Need counseling?—Ha! I felt lucky not to need a straightjacket by that point.

Dr. Donnely started Eric on five milligrams of Ritalin, which is a very small dose, to see how he responded. He told us once again that counseling and drug therapy went hand in hand, and the drugs could not work alone.

A week later we went back to see Dr. Donnely to report on how Eric was doing with the Ritalin. We hadn't seen any difference in him, either positive or negative, and asked if we should increase his dose to ten milligrams a day.

Dr. Donnely answered, "Did you all see the therapist?"

"No," I answered, "the therapist we've been seeing was booked up last week so our appointment is for next week."

"Didn't I make it clear that family therapy was part of the treatment?" Dr. Donnely asked, clearly a bit irritated.

"Yes, we understood that," I answered, not knowing why he was upset. "But we had to wait a week, as I said. We go to see him next Tuesday. And, besides, it's really pointless for us to even go to counseling until Eric is on the right amount of medication so that the counseling does some good. As it is now, he's so distracted he doesn't pay attention, anyway."

Dr. Donnely became even more irritated. I guess something I said really ticked him off. "Well, then," he said, coldly. "When I see that you're actually putting forth the effort to get some family counseling, I'll consider giving Eric a higher dose."

The ball is in your court. It's totally up to you now."

"But, doctor, you don't understand. The Ritalin is not helping Eric. Doesn't it make sense to get his brain working better while we wait for our appointment with the therapist?" That sure made sense to me.

"Well," he answered, "we have to be very careful about Ritalin. It is a controlled substance, you know, and I do have some patients who will do anything to get more."

I didn't catch on to what he was saying as fast as Dave did. He asked the doctor, "What are you insinuating, doctor? That we're going to take Eric's Ritalin ourselves?"

"I'm just saying I have to be careful, that's all. I'm sure you understand."

Dave looked at me and then at Dr. Donnely and said, "I'm sorry we wasted your time as well as ours. Eric needs help and he obviously isn't going to get it here. Come on, Linda, let's go."

We left, feeling completely humiliated. I know there are people who abuse drugs but anyone with any sense at all can see that Dave and I are responsible, law-abiding adults. Dr. Donnely turned out to be an unpleasant dead end but at least we found out early in the game.

We learned of a psychiatrist in town, Dr. Patrick, who specialized in treating childhood disorders so we made an appointment to see him. His fee was over a hundred dollars an hour (a lot of money in those days) and I was grateful for Dave's great insurance. After evaluating Eric for almost an hour, Dr. Patrick called us into his office.

"I believe your son does, indeed, have ADHD," he announced. I'm prescribing ten milligrams of Ritalin to begin with and, if you don't see any change in his behavior, increase the dosage by five milligrams. You can safely go up to twenty milligrams per day as long as you give each dose a trial of three days before you increase it. Any questions?"

My mouth was probably hanging open. Here was a doctor treating me like a responsible adult who actually has a brain. "No, Doctor, no questions. Thank you." Eric and I headed over to the drug store, prescription in hand, for the controlled substance.

And so began our four long years being intimately involved with psychiatrist appointments and amphetamines. We even got to know the pharmacist, Pete, and were comfortable discussing Eric's problems with him. He confided in me that his own son, now sixteen, had "gone off the deep end" and decided he would rather live on the street than follow the rules at home. It was obviously very painful for Pete to talk about his son, and yet he seemed relieved to be able to confide in Dave and me. Everywhere you go, people in all walks of life are suffering and you certainly can't tell by the clothes they wear or the jobs they have.

One day, as I signed for the prescription, I glanced at the price. The Ritalin was sixty-seven dollars, a lot of money at the time. "Pete," I said, "that seems kind of high for just a one-month supply. I know insurance pays for it so it's no big deal, but that's still pretty steep."

"Oh, that's nothing," he replied, laughing good-naturedly. "You should see how many people come in here and buy over twelve-hundred dollars' worth of prescriptions every single month!"

"And," the pharmacy assistant added, "most of them are senior citizens on a fixed income with no insurance. I feel so sorry for them."

The Ritalin, even though it was increased to fifteen milligrams three times a day, didn't do much for Eric at all. His fifth grade teacher was nervous and edgy every time he had to call us about Eric's poor behavior, or his poor attitude, or his failure to get his homework turned in. The drug just wasn't working and Eric was anything but a pleasant student to have in class.

There was now another drug on the market called Clonidine which came in the form of a patch to be applied to the skin. That afternoon, after our trip to the drugstore, we applied a quarter of one as Dr. Patrick had prescribed. But it was now getting late and Eric still hadn't come in from playing in the neighborhood. We searched for hours in vain and finally, about ten-thirty, we called the police. They couldn't find him. Then, after midnight, a neighbor called to say they had found him sound asleep in their rec room. The patch had made him sleepy, even if it did nothing for his attention span or mood. Giving him smaller patches did nothing except make him sleepy which, since this was Eric we were talking about, was a good thing. Still, being ineffective, we discontinued it.

Dr. Patrick knew of another drug called Cylert which was long-acting. It was going to take about two weeks for it to build up in Eric's system and reach the effective level. I cringed at the thought of living with Eric being just himself. He was angry, volatile, uncooperative, hyperactive, and every day was a struggle to get through. By the end of two weeks I wasn't sure, but he did seem to have calmed down a bit, not that by any stretch of the imagination he was easy to live with. His attitude and behavior were still intolerable. Hearing the word "no" sent him into fits of rage which he would either try to take out on his little brother or on any object close at hand. Looking back, it was probably just wishful thinking that the drug had helped Eric at all.

It was impossible to leave both boys alone in the same room. Eric invariably poked, tickled, hit or somehow annoyed Aaron, and he would not stop until Aaron reached the explosion stage, running and screaming to me. I had to be there every minute to supervise so I had Aaron wait in the master bedroom while I used the bathroom.

Eric had made quite a reputation for himself at his elementary school and now we were faced with sixth grade—middle

school. It was difficult for Eric to handle any kind of change in plans but now he had changing classes, changing teachers, changing schedules, changing expectations, and changing hormones. The school was an old, aging building and was terribly overcrowded while the new middle school was being built. Students were squeezed into portable classrooms and larger classes.

Even though Eric continued to take Cylert, he was still miserable to be around. Yet, I was afraid to take him off the drug because we were running out of options. I couldn't bear the thought of living with Eric unaided by the drugs. He got nothing out of school. He begged to be in band and play the trumpet so, after explaining his responsibility to take good care of the instrument and that he would have to practice several times a week, we rented him a trumpet. He played it once, blaring it out the front door for about two minutes, but two days later he lost it. It was a week before someone found it at the back of a classroom so we simply returned it to the store. Eric never asked about it or what had happened to playing in the band. I felt so sorry for him; he just couldn't seem to be successful at anything.

He angrily refused any help from us with his homework so it was no surprise that he often ended up in the principal's office. He was also sent there for failing to follow the rules, being disrespectful to teachers, starting fights, ending fights, and making far too much noise in the hallway. He was suspended for an afternoon for pushing a boy in the hall. The next time the suspension was a whole day, then three days. It was always someone else's fault because they looked at him "funny" or "tried to start a fight." By June, I was an emotional wreck and constantly in tears, exhausted from trying to make Eric normal. I just wanted him to follow rules and treat others with respect. Life with a child like Eric is probably incomprehensible to anyone who hasn't actually lived it.

When I thought of the friends I had in my life, I realized that, one by one, all my friends from normal families had disappeared. The only ones left either had a brother, son or daughter with some kind of mental or emotional difficulty. They were the only ones who understood what we were going through and didn't blame us, judge us, or put us down. They just seemed to know, as I did, that Eric had some kind of disorder that he didn't choose, but that he was stuck with. We were all stuck with it.

In April, I received a call at work from Eric's school. The secretary called to say that he had been in a fight with another boy and that Eric had been suspended for two days. Because the other boy, Jared, had not started the fight, he was suspended for the rest of the afternoon. Someone needed to come and pick Eric up immediately, as he was no longer allowed on school property. I called home but, not finding Dave there, I didn't know how long it would be before he returned. There was no one else who could pick him up for me because everyone I knew was at work. I called my principal about getting an afternoon substitute for me but on such short notice the only person he could find was his secretary. She kept an eye on my class for the remaining two hours and I left for Eric's school.

Mrs. Lawson, the vice-principal at Eric's school, read me the official report on the incident as Eric sat there sullenly, slouched down in his chair. She asked him to tell me his side of the story and he replied, "I already told you! Why do you keep asking me?" And he added, mumbling, "That's stupid."

"Look here, mister," I hissed between gritted teeth. "Either you shape up and show Mrs. Lawson, and me, a little respect or you'll be grounded for a month! Got it?"

"Yeah, right, whatever," he sneered.

Mrs. Lawson handed me the paper to sign, stating that I understood the reason for the suspension.

"I certainly hope there won't be any more of this. If you

don't have any questions, you may go," she said sternly to Eric.

Three days later, about eight o'clock in the evening, the phone rang.

"Is this Dave?" the voice demanded.

"Yes, speaking." As he listened, I could see him frown.

"Dave, this is Susan, Jared's mother."

"Of course, Susan, are you..."

"I called to tell you that I'm sick and tired of your son trying to beat up Jared at school! I'm warning you, this had better stop!"

"Susan," I heard him say in his most soothing, zombie-like voice, "as far as I was aware, both boys had some responsibility in this. Maybe you heard..."

"Oh, yeah, right! Like Jared would just go pick a fight with someone. He's not..." As she became more hysterical and started screaming into the phone, her husband, Al, came on the line.

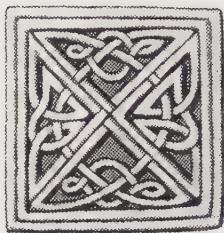
"Dave, I'm sorry about Susan. She gets a little carried away. I'm sorry she, er... we, bothered you. She's just concerned about Jared."

"That's okay, Al. Eric and Jared have already made up. Eric told us they were even out skateboarding together this afternoon, just like they always do."

"Oh, well, I hadn't heard..." Susan's voice came through the receiver as she yelled from somewhere near Al, "That kid of yours is nothing but a scumbag! I've heard all kinds of rumors about him and he's going to end up in jail!"

"Susan!" We could hear Al shouting at her. "Knock it off!" Then back to Dave on the phone, "I'm sorry we bothered you, Dave," and hung up.

After putting down the receiver, Dave turned to me and exclaimed, "Man, she's unbelievable! Poor Al," he added with a chuckle. "Maybe I should teach him my zombie voice technique to deal with her day after day."



Side Effects

CHAPTER 5

How could one little kid make us all so miserable, I used to wonder. Eric was always so irritable and uncooperative that every day was the same as the day before. A typical morning included arguing over even the most mundane daily things that he should have been capable of doing by himself at a much younger age.

"Put on some clean clothes for school," I said.

"What's wrong with these?" he asked, irritated.

"You wore them yesterday and they look like you slept in them last night."

"So?" he would reply in his usual, surly voice.

"Let me tell you something," I replied with unusual sarcasm. "We have a new rule! We don't wear dirty clothes to school, and we don't wear regular clothes to bed at night. Now go change your clothes."

"Oh, God! You make such a freakin' big deal out of everything! You just want to make me into some perfect preppy! You hate me!"

With that, he headed down the hallway to his room, punching Aaron in the arm as he walked by.

"I hate you, you little freak!" Eric yelled. "Mom, Aaron is going to say I hit him and he's lying, as usual. What a freakin' moron!"

Aaron cried and held his arm where Eric punched him. "He did too hit me! He did too!" Tears streamed down his cheeks

and onto my shoulder. I knew boys could be rough but, added to all of Eric's other problems, it just didn't seem like normal behavior.

"Eric, that does it! You're not going anywhere after school today; you're going to come home and clean the bathroom. You're grounded!"

"Yeah, yeah, yeah," he snarled. "All you ever do is side with Aaron, no matter what it is! Every time! You hate me and I hate this house and everybody in it. It sucks! I wish I was dead!"

Eric left for the bus, teeth unbrushed, hair uncombed and wearing the same dirty, wrinkled clothes he had slept in and worn the last two or three days. His appearance or personal hygiene meant nothing to him. I occasionally noticed that he had an odd smell about him that didn't seem to be the normal body odor from not bathing. It was sort of a musty smell. His room was disgusting, with cassette tapes, candy bar wrappers, old crayons and a myriad of other things all mixed in with his clothes in his dresser drawers. His school papers were strewn from his closet to under his bed, along with everything else he owned. It was like someone had taken an eggbeater to his room and scrambled everything in it, including his brain. The last thing he cared about was pleasing his parents, his teachers or anyone else. So, if he wanted to live in a pigsty, I let him. With his door closed, I could always pretend that neither he nor his pigsty even existed.

It was towards the end of May and school would soon be out. Faced with another impending summer, I knew I had to try something else for Eric's outrageous anger and sassiness. There was absolutely no reason for such a bad temperament or attitude. We regularly talked with our family therapist who advised us on being firm but flexible and admonished us to "keep a stiff upper lip; it doesn't last forever," and "the pre-puberty years can be pretty darned difficult, can't they?" We talked and

talked and talked some more, but it didn't do any good. Dave and I did backflips trying to do everything and be everything we were supposed to be for this little person who did absolutely nothing to please us. Our family doctor continued to believe he was just an active, growing boy who "might be a little more difficult than other boys."

I made an appointment to see Dr. Patrick and told him I had to have something to calm him down. I told him, "The Cylert seems to help a little, I guess, but he's still very difficult to live with. I've even given up trying to stay up until he falls asleep at night. I just don't have the energy, and I know he's often up, playing video games in the middle of the night when he can't sleep."

"Well," Dr. Patrick replied, "remember, Linda, the boy does need limits and they're especially important while Dave's gone and isn't there to be the enforcer. You need those for your own sake. Remember, we all need rules, but these ADHD kids really need them much more so than anyone. They're like a security blanket and without them they're just sort of, I don't know, left to guess what they're supposed to do."

"Yes, doctor, I understand that. We do have rules. It's just that I'm sick to death of beating my head against the wall to get him to *follow* the rules," I said, feeling exasperated. "If I'm so lax about having rules, why is it that my seven year old has no trouble following our rules? He gets it! He learns! Eric doesn't learn no matter what I do."

"Well," he said, "if you've tried everything to make him stay in his room, maybe it's time to reevaluate your rules. It's up to you, of course, but maybe you could be somewhat flexible with this rule and not force him to stay in his room at night. After all, he's not doing anything dangerous or wrong, he's just unable to sleep so he watches a little tv. And, besides, how do you know he's up? You said you were asleep."

"Usually, I find out when he's not in his room when I go to

wake him up in the morning or I find all kinds of dishes and food wrappers near the tv. But, you're right, he's not doing anything dangerous."

Dr. Patrick sat deep in thought as he tapped his knee with his pencil. "Why don't we try an antidepressant? I think it would help a great deal with his anger and his negative mood." He wrote out a prescription and, as he handed it to me, he added, "Thanks for being so patient during all our construction noise. The new wing is going to double the size of our building and we'll be adding several more doctors and therapists to our staff. We have so many requests for more help for our ADD patients that we just can't seem to keep up."

I collected Eric from the waiting room and headed over to the pharmacy, as usual. I wondered, would this finally help Eric and the rest of us to have some semblance of a normal life? I tried not to get my hopes up. Maybe, at least it will make him sleep better at night, or maybe he'll be less angry all the time. No matter what, it should make things better, shouldn't it?

That afternoon, as I gave Eric his first tablet of Prozac, I had no idea of the chaos I was bringing into Eric's and our lives. The guilt is something I'll have to live with for the rest of my life.

School let out on the fifteenth of June and, as usual, it was raining. I tried to find ways to keep the boys occupied and not fighting with each other. They had such different personalities; Aaron loved playing quietly with tiny figures that required very good fine-motor skills. He played with the little men for hours on end, using his imagination to guide his little people and animals in all kinds of adventures. He was good-natured and cooperative and cared about pleasing his parents. He cared about his world: his few friends, his toys, and all the endangered animals. The only time he was ever angry was when Eric pestered him. Then, gradually, I could see what was starting to happen, and it made me feel almost ill. Aaron was starting to copy

Eric's behavior. He wasn't just learning to protect himself against Eric, he was learning to behave like him. He began talking back to me when he didn't want to do as he was told. It was obvious why he'd taken up Eric's attitude. After all, didn't Eric get lots of attention that way?

Finally, the clouds and rain disappeared in early July; summer had "officially" begun. I started noticing what seemed too good to be true: Eric was actually sleeping in! And not only that, but sometimes he slept until ten or eleven, which meant that he had been sleeping for twelve or thirteen hours! I didn't know for sure if it was the Prozac starting to work or whether he was finally acting just like other kids his age who need extra sleep when they hit puberty. Whichever it was, it was a good sign! Maybe the ADD was in remission. Maybe he was growing out of it! I always hope for the best.

But, once again, reality reared its ugly head. At 3:30 in the morning I was awakened by the incessant ringing of the doorbell. As I came out of my bedroom, throwing on my bathrobe, I instinctively glanced in Eric's room to see if he was in bed. He wasn't there.

Opening the front door, I was faced with a uniformed police officer.

"Good evening, Ma'am. I'm sorry to bother you at this time of night but this boy says he lives here. Is that correct?" he asked.

I could see Eric in the back seat of the patrol car. "Yes, that's my son, officer. What has he done?"

"Well, Eric and his friend, Jason, were found loitering down at the all-night Quick-Mart. They didn't do anything wrong, they didn't steal anything, but the clerk was concerned because these boys are pretty young to be hanging out there at this time of night. Did your son, by any chance, have your permission to be there?"

"No, absolutely not. I thought he was in bed," I answered.

“That’s what I thought, so I decided to bring them home. I’ve already warned them about being out so late at night, and the fact that there are some pretty rough people out at night. Also, any time someone is in a store with a backpack, they look suspicious. I think the boys should be aware of that.”

I thanked the officer for bringing Eric home safely and he left to take Jason home. It was one of those instances when you want to hug your child and spank him at the same time. I was so relieved that he was okay and hadn’t done any real harm. Eric wasn’t at all fazed by what had just happened. If anything, he seemed to enjoy the excitement of being around the police.

“Eric, what on earth were you doing? It’s the middle of the night and you’re wandering around town? You’re only twelve years old! Don’t you know there are some very bad people out there at this time of night?” I scolded.

“I don’t know! I just couldn’t sleep and when I went by Jason’s house, he wasn’t sleeping either, so...”

Granted, Eric had had problems sleeping since he was a baby, but this was the first time, to my knowledge, that he had gone anywhere at night. I forbade him from hanging out with Jason for a month, even though I knew how difficult it was going to be to keep him away from someone who lives right in our neighborhood. I knew he wouldn’t obey me on his own; I’d have to watch him like a hawk to keep him in line. Jason also has ADD so it’s very difficult for him to follow rules either. Together they were quite a handful.

It wasn’t pleasant having Eric grounded. It never was. With no respite from his sour attitude and his babyish temper tantrums when he didn’t get what he wanted, I was the one who was being punished. He begged and pleaded and acted sweet as could be, trying to talk me into letting him go to a friend’s house. But when he heard “no,” he became a seething, cringing ball of hatred. He was still less mature than some three-year-olds I knew.

I struggled through every day, spending hour after hour keeping Eric on task. There was no way he could do two or three things he was told to do, or even one, most of the time. “Flush the toilet, wash your hands, and brush your teeth” added up to three things, an impossible task. “Sweep up those leaves and put them here” added up to two tasks that were beyond him mentally. He couldn’t do any of it without me watching him and telling him to keep sweeping or put the leaves in the wheelbarrow. Left on his own, his broom quickly became a pretend sword and Eric would be off attacking some imagined enemy. If I left to go inside to use the bathroom he would wander off to play in the neighborhood. Bringing him back meant dealing with more seething, hate-filled mouthiness.

After three days of Eric being grounded, I was again awakened in the middle of the night. Another uniformed policeman was at the front door bringing Eric home. He said Eric had done nothing wrong but he had aroused suspicion because he was dressed up like the kids who do steal things. He was wearing a black knitted cap, black pants, black sweatshirt, and his school backpack. Thanking the officer, I just sent Eric to bed. What was the use in getting angry or scolding him? None of it did any good. Nothing got through to him. I might just as well have saved my breath all those years, trying so hard to teach him right from wrong, trying to teach him how to get along with people, and how to get along in life. I laid down on my bed and cried and cried. He was never going to be anything but stuck in limbo—appearing to the world like a normal human being, but with a brain that didn’t work right and never would. All I saw in his future was jail or a mental institution.

Calling the Department of Social and Health Services the very next day, I was looking for some kind of foster care, or respite care, or anyone who could help. But there was no one. I could put his name on a waiting list, but they told me there would be at least a six-month wait and most of the others on the

list were in a situation far worse than Eric's.

In desperation I called my sister, Beth, who lived about five hours away. She suggested we just get in the car and come for a visit. "Maybe," she said "a change of scenery will do you all a world of good. I could see you in the evenings but I still have to go to work. But Gary will be here, watching the kids. I really think you should get out of town for a couple of days, Linda. It's hard raising two kids by yourself when Dave's gone."

I hesitated. The last thing I wanted was to be a burden on them. They already had it rough enough. Gary was unable to work due to an inoperable tumor and hadn't had a paycheck in some time, so the only income they had was from Beth's job at the hospital. But it seemed that, no matter how little they had, they were willing to help any way they could.

So the boys and I left that very afternoon; it was just getting dark when we arrived. Beth's two boys, Mark, who was fifteen, and Matt, who was thirteen, helped us unload our sleeping bags and duffel bags full of last-minute stuff. And while it was just barely light enough for us to see, we had a lovely visit while all four boys played Frisbee outside in the open air.

All too soon, it was time to get in our sleeping bags and end our pleasant evening. Beth was right, it felt wonderful to get out of town and see family and actually have an adult conversation. Thank heavens for family, I thought as I drifted off to sleep. With the fresh country air and the peacefulness of the enormous fir trees towering above their mobile home, we all slept soundly.

Or so I thought. Beth's gentle nudging brought me out of my deep sleep. "Linda, wake up! Hurry! Eric and Matt are outside. Gary's bringing them in and you need to hear this." Jumping up quickly I put on my shoes.

Beth continued, "When I got up at five to get ready for work, I heard voices from Matt's room. So I peeked in and they

weren't there but the window was open. So I crept up close and listened. I could hear Eric saying some awful things like, 'Yeah, my mom's a real bitch. I fucking hate her. Don't you hate your mom, Matt?'"

"And besides that," Beth said, "Eric was smoking. So I had Gary get up to go out there and bring them inside."

Within two minutes, the three of them were in the living room. Beth started in, "Eric, I heard the kind of language you were using. I will not allow you to teach Matt that kind of garbage. When you can behave, you can visit us again sometime but, until then, you are not welcome in my house any longer. Do you understand?"

Eric just looked at me with hatred. "Some family," he sneered.

"Eric, is it true you were smoking? Where did you get the cigarettes?"

"Nowhere! I bought them with my own money!"

I looked at him. That had to be a lie. Who would sell cigarettes to a child? And, sure enough, he changed his story.

"I mean, I found them," he explained.

Gary looked for his cigarettes and, of course, they were missing. Eric's happened to be the same brand. Searching his pockets, I felt so humiliated when I found Gary's wallet in Eric's right pocket.

"I'm so sorry," I apologized to both Beth and Gary. I felt about an inch tall. My sister and her husband were barely able to keep a roof over their heads, and here was my son, who had everything, stealing from them. I wanted to crawl under a rock.

"I'm sorry, too," Beth said. "We wanted to help, Linda, but I have to think of Eric's effect on my children, too. I think you'd better leave today."

All I could say was, "I understand." Beth left for work and we left for home.

At home that night I came up with an idea. The door to the

linen closet in the hall faced Eric's door at right angles, which meant the doorknobs were conveniently close together. So, for the next two nights, I tied heavy-duty string around both doorknobs. There was no way Eric could open that door. I had no other choice. How else could I keep him in his room all night? I explained to Eric what I was doing and he just said,

"Whatever. You hate me. I don't care, lock me up."

At two-thirty in the morning I awoke to Eric beating on his door and yelling, "Let me outta here! I have to go to the bathroom," although the term he used was much less polite. I let him out; once he was back in his room, I retied the door.

The next night I made sure he went to the bathroom right before bed. I put a bucket in his room and placed a motion detector alarm on the doorknob; I had bought it at an electronics store earlier that day. I went to bed, praying that nothing would happen during the night and that we would all sleep until morning.

At five-thirty in the morning the phone rang. "Hello, this is Sergeant Williams with the city police department. We have your son in custody and, in fact, he's already over at the juvenile detention facility. One of our officers caught him inside a business on First Street doing a little artwork with a can of spray paint."

I felt so sick I could barely whisper "Oh," and sank down on a chair. So much for the alarm.

The sergeant continued, "I'm afraid your son has gotten into some serious trouble. For a felony offense like this, we have no choice but to charge him. You can pick him up any time between eight and twelve noon today. We're kind of short on space, so we'd appreciate it if you would pick him up as early as possible."

I didn't want to pick him up. I didn't want to ever have to lay eyes on him again. I couldn't change him into a normal person, and I was sick of dealing with all the consequences of

his defective thinking, if he ever actually thought at all. I knew I should just accept it and move on, but how? I just could not accept my powerlessness over him. I believed it was just the beginning of a lifetime spent bouncing between jails and mental institutions and making everyone around him miserable, as he had done for so many years to his own family.

Three hours later, I explained to Aaron that Eric had done something very wrong and that we needed to go downtown and pick him up. At seven years old, Aaron was too young to leave at home alone and there was no one to watch him. I didn't want him anywhere near the juvenile detention center or the police station. I didn't want him around any of it, but I had to take him with me.

Once in the police station, Sergeant Williams read me the report on what had transpired and the charges that would be filed.

"Let's see, it says here, 'Suspect has admitted to everything and he says he acted alone. He was picked up by Officer Johnson following a report by a clerk at a convenience store of someone vandalizing Don's Auto, the car repair business across the street. Officer Johnson responded to the call and arrived on the location whereupon he found a boy hiding behind a car in the parking lot. He gave up without a struggle.' That will most likely be noted by the prosecutor's office," I might add.

He continued, 'Suspect was wearing a black or navy blue stocking cap, a black sweatshirt, and black sweatpants. He had one black ski glove, claiming he had lost the other one, and he was carrying a backpack, the contents of which were two candy bars, a flashlight, and \$1.78. Suspect had the same red spray paint on his hands, pants, and shirt. Suspect entered the building through an open window and spray painted several pieces of office furniture, several windows, the computer monitor, and keyboard. In addition, the keys to several of the vehicles there for repair are missing and two of these vehicles were

entered. One was spray painted on both the exterior and interior. The other sustained damage only to the interior.’

“Preliminary estimate of the damages is in the area of three to four thousand dollars. At present, the business owner is adding up the damage; we should have an itemized list by tomorrow. Your son is liable for the damages, but I’m sorry, I have kids, too. I’m afraid it’s really the parents who wind up paying.”

I sat there, numb. I thought I had cried every tear I had in me but, once again, the tears began to fall. I couldn’t say a word, I couldn’t think straight. I thought of how kind and professional the officer was and wondered what it was like at his house. He probably had a nice life with two normal children, maybe a dog and a cat, and...

The sergeant resumed, “Well, that’s about all I have to tell you,” he said softly. “Would you like to go pick up your son now?”

Juvenile detention was on the third floor of the new county services building. I pushed a buzzer to be allowed in; the guard pushed another button to open the door. As Aaron and I entered the waiting area, a voice came from a speaker somewhere, asking why I was there.

“I’m here to pick up my son, Eric,” I said, speaking to no one.

“Step over to the double doors on your left and wait there until a guard opens it,” said the voice.

I took Aaron’s hand and did as I was instructed. The door opened and we entered a small room with one window towards the guard’s station and one window towards the detention area. After signing the papers for Eric’s release, we were motioned by the guard to wait on the metal bench while they went through their procedures for releasing someone.

The moment I saw him, it was obvious to me that he had done it. But worse, I knew he had learned nothing from what he

had done. He wasn't scared, he wasn't polite to the guards, he wasn't apologetic or the least bit humble. He had that look of deep, seething hatred I had seen on his face so many, many times before. He was pale. He was skinny. He had the usual dark circles under his eyes. He looked sick, emaciated, and mean.

We didn't say a word until we were in the elevator. Eric was the first to speak,

"They have a nice basketball court in there. And they even have a big, color tv and videos! They're so lucky!"

Typical, I thought. Turning to look at him I said, "Eric don't you understand what has happened?"

"Yeah, I got in trouble and," he added sullenly, "they're just trying to get me in more trouble."

"No, Eric, you did it all yourself," I answered.

"Whatever," he sneered.

As we got into the car I tried to think what I should do. What is the right thing to do in a situation like this? I didn't know. He was too old to spank and I wasn't capable of beating him. His punishment at the detention center had been playing basketball and watching videos. If I grounded him, what was the point? I couldn't keep him in his room. Taking away his allowance was only a small part of the punishment I thought he should get and yet, I thought, why bother? Without any money, he'll just steal more from Aaron or somewhere else. Confine him to his room? What a joke. Making him work in the yard meant standing over him every step of the way, and I couldn't face being so close to him every day. So, I did what I thought was the right thing to do: I took him to Don's Auto Repair, where they were assessing the damage. The law keeps the identity of juvenile offenders confidential, but I wanted Eric to face his victim and see what kind of misery he had inflicted on innocent, hard-working people. I know for a fact that that is exactly what my mother would have done with me to teach me a lesson.

Don was understandably angry but surprisingly kind. His anger was barely contained as he explained to Eric how he had almost single-handedly destroyed his business. Without his computer, he had no access to his business records and, therefore, no way to bill people, which meant no income.

“How do you think I’ll pay the bills or put food on the table for my family?” he asked Eric. Eric seemed extremely tired and just listened without sassing back, or even saying a word. I wondered if he was really hearing what Don had to say or if his mind was miles away, as usual. Don shook his head and said finally, “You know, you seem like a nice kid. I just do not understand how you could do something so awful, and especially to someone you don’t even know.”

Eric, looking at his shoes, said barely above a whisper, “I’m sorry. I really am.”

We got into the car and Eric began to cry quietly. He cradled his head in his hands and said softly, “I don’t know why I did it. I know I did do it, but I don’t know why.”

Spending the rest of the day at home, I tried to pay as much attention to Aaron as I could, feeling guilty about how much energy and attention Eric always demanded. It wasn’t fair to Aaron; I was always trying to make up for it but it never seemed to be enough. After giving Eric his Prozac, he went in his room and fell asleep, but I was afraid to let him sleep too long for fear he would be awake during the night again. Waking him up at noon, he was cranky and short-tempered with Aaron and me, of course. Even with his medication, he remained his usual sullen self all day.

By evening I just wanted that miserable day to end but, because it was August and it stayed light out until about ten o’clock, it was ten-thirty before I got both boys to bed. After tying Eric’s door shut, I collapsed in bed at eleven. It had been such a draining day. I just wanted to go to sleep and never have to wake up to another day of my so-called “life.”

At one o'clock in the morning I was awakened by a loud THUD. My heart was pounding as I crept out of my room to see if Eric had done something even though my brain wasn't quite awake, and I really didn't know what was going on. Eric's door was still tied shut but he could have easily gone out the window as he had done the night before, but I was too tired to untie his door and disable the alarm to see if he was still there. Checking on Aaron, I saw that he was just sleeping peacefully, unaware of any disturbance. I looked out my bedroom window and, finding nothing out of the ordinary, I tried to get back to sleep, telling myself it was probably the cat or a raccoon or something. Once my heart calmed down, I drifted off to sleep, just happy that I wasn't dealing with the police in the middle of the night.

Waking up the next morning it was truly a glorious sight to see on the clock that it was actually 8:00 A.M. and there had been no police! No police calls, no police cars, no police lights. It was quiet. Too quiet. There was no sound of the boys arguing over cartoons or who had touched whom first. Nothing. Just quiet. I untied Eric's door and there he was, sleeping in a black tee shirt, black jeans, and a dark green stocking cap. His window screen had been slashed down the middle with a knife and lay on the floor, bent and mangled.

My heart sank. I knew the loud noise during the night had been Eric escaping out his window. I had no idea where he had been that night or if he had hurt anyone. Do I call the police? I wondered. Or would they blame crimes on him that were committed by others who they couldn't catch? I woke Eric up. He roared, "Why can't you leave me alone? God, I'm tired. LEAVE ME ALONE!"

"Here, take this," I said, giving him his Prozac and his Cylert. I thought the Cylert was supposed to calm him down and make his brain work rationally. And the Prozac was supposed to make him less angry, less volatile. I was afraid to stop

the medications, but they certainly didn't seem to be helping much.

Just then, the phone rang. It was Dave! He would be coming home the next day and would be with a co-worker who lived near us. Holding back the tears the best I could, I related the gist of what had just happened. Dave just let out a sigh and said simply, "I'll be home early tomorrow afternoon. I know it's hard but try to just hang in there for one more day."

The rest of the day was spent struggling to keep Eric from falling asleep. I gave him chores to do. He refused. I told him to turn off the television, get off the couch, and clean up his room. He got up, kicked the TV's volume button with his foot, and walked menacingly toward me, deliberately bumping me with his shoulder as he walked by.

"What do you say when you bump into someone?" I asked coldly.

"Sor-RY!" he yelled, not two feet from my face. As he walked down the hall to his room, I could hear him muttering, "Bitch!"

I vacuumed and dusted and tried to make the house look as neat and tidy as possible. It would be hard enough for Dave to walk into this emotional chaos, without physical clutter to deal with, too. It was so hard to follow Eric from room to room, cleaning up behind him as he left dishes, pop cans, food wrappers and everything else wherever he went. All those years of trying to get him to clean up after himself were just a huge, frustrating waste of time. This time, as I had done so many times in the past, I picked up all of Eric's things and stuffed them into grocery bags: socks, toys, food wrappers, comic books. But this time, instead of just putting them in the garage and making him pay a ransom to get them back, I just put it all in the garbage can. I didn't care. It would have been nice to put Eric in there with it but that was probably illegal. Happily Dave would be home in less than twenty-four hours and I wouldn't

have to deal with this miserable child all alone any more, or at least for the next couple of weeks.

That night, instead of locking Eric's door, I locked mine with Aaron sleeping on the floor by my bed. There was no point in tying Eric's door. The window screen was gone, not that it had kept him in anyway, and I wasn't about to have bars installed on his window. I gave up. I had no idea where he might go, or who he was associating with, or who he might bring home with him in the middle of the night. He was completely beyond my control. I fantasized about leaving and just taking Aaron with me, leaving Eric to fend for himself. But, sadly, the police would probably catch me. So, I did what I could; I protected Aaron and myself behind a locked door. I went to sleep praying that I'd wake up in a sane household or at least that I wouldn't be talking to the police before morning.

If I were more religious, I'd say that my prayers were answered! Aaron and I slept until nine-thirty. When I went to check on Eric. I couldn't tell if he'd been out or not. The front door was still locked and that was a good sign. Eric had never in his entire life remembered to lock a door, even to cover his tracks. Details like that were way beyond his capabilities.

The day dragged slowly by. Dave had been gone for seven long weeks; I could hardly wait for him to get home. At last, around two that afternoon, the phone rang. But it was Beth.

"Hey, Linda, I really want to apologize. I just didn't know what else to do about Eric and Matt together. I'm sorry if I hurt your feelings."

"Oh, that's okay. There's nothing to apologize for. I understand. Believe me, I understand."

"Well," she continued, "I have an idea. Why don't you and I go somewhere for a couple of days when Dave gets home? It would be fun and, besides, you need a break from being a single mom all the time."

Oh, my gosh. If she only knew, I thought.

“Why don’t we let the guys take care of the kids, and you and I can go camping or something. How about it?”

“Well, I don’t know,” I said, feeling relieved that my sister would not be on the long list of people who wanted nothing to do with us. I wanted to see Dave, but getting away to a peaceful campsite sounded awfully tempting. So I said, “Let me call you back in a day or two. I’ll see how things are going around here.”

At five o’clock I started cooking dinner. It was just spaghetti but was still Dave’s favorite meal. Good thing, too, because it was cheap. I was just browning the hamburger when the phone rang. Eagerly picking up the phone, I thought it was Dave, letting me know he had gotten back into town.

“Good evening, Ma’am. This is Sergeant Daniels with the police department.”

Oh, no, I thought.

“Ma’am, I’d like to ask you just a couple of questions, if I may,” he said.

Weariness set in. I pulled up a chair and sat down. “Sure, go ahead.”

“Was your son home this morning?”

“Yes, as far as I know. Why?”

“Well, we’ve had a report of a boy matching your son’s description illegally entering a house this morning about seven-thirty on Seaview Drive. It was broad daylight so we got a good description of the suspect. Are you sure he was at home?”

“No, I’m not absolutely positive.”

“Ma’am, I wonder if you could look through your son’s things and let me know if you find a camera, a professional photographer’s camera, with several accessories such as a zoom lens and some other lenses.”

Finally! I thought. It couldn’t have been Eric. What would he want with a camera? He has no interest in photography at all. It must be someone else! I told the sergeant I’d look, prom-

ising to call him back, and hung up the phone.

Turning off the stove, I went in the living room to just give myself a minute to think about what I was doing. The officer was actually asking me to incriminate my son. Maybe he didn't have the right to do that. Maybe I could just say no. But, if I did, I knew the police could never search our house without a warrant. Yet I didn't want to live my life by what was technically legal, but morally wrong. I wasn't brought up that way. If my son did something illegal again, then we had to face the truth and take the consequences. Covering up for Eric would just enable him to keep stealing and besides, I thought, he doesn't even want a camera. So, I decided to just look anyway even though I wouldn't find anything. With dinner sitting on the stove half-cooked and Eric racing up and down the sidewalk on his in-line skates, I searched his room.

Convinced that I wouldn't find anything, I began by looking under his bed, then in his dresser and closet. But there it was: a black, padded case casually stuffed in his backpack and thrown on top of a pile of clothes. As I examined it I knew he hadn't even taken it out of the case because it was packed so carefully. The lenses were there, the zoom lens, everything perfectly in order. Why he would steal a camera was beyond me. Maybe it was just the thrill of it all. Maybe he liked to think he was playing real cops and robbers with real police. I didn't know. I hid the camera under my bed and called the police station.

"I'll be over this evening to talk to you—and Eric, of course," Sergeant Daniels said. I hung up the phone and went back to cooking the gross-looking, half-pink meat on the stove. I had lost my appetite and hoped Dave wouldn't mind eating such slop.

I called the boys in and our dinner conversation was limited to only the most superficial topics: "Who won the game of kick-the-can, Aaron?" and "Where did you put your skates,

Eric?" It was pointless to mention the camera. Eric would deny it, say a friend gave it to him, or just become agitated at the accusation. I decided not to waste my breath.

It was eight o'clock when the phone rang again. I just hoped it wasn't the police with more bad news.

"Hi! I'm home!" It was Dave, trying to sound cheerful.

"Oh, Dave, it's good to hear your voice." And, boy, did I mean it.

"I'm at the muffler center. Scott lost his on the freeway somewhere; I'll be home in about twenty minutes." Then, he added softly, "Everything okay?"

"Oh, not really, but we're hanging in there," I said, keeping back a flood of tears. "I'm just so glad you're home. I'll explain everything when you get here."

Just as dusk was beginning to settle in, Scott's car pulled up in the driveway and Dave was finally home. He lugged his bags and boxes into the garage, and just as I was about to explain the day's events, a police car pulled up into the driveway.

"Good evening, folks. I'm Sergeant Daniels," he said, shaking hands with Dave. He leaned against his police car.

"Pleased to meet you, Sergeant," Dave said, "What's going on?"

As the officer explained the problem to Dave, I went inside and took the camera out from under my bed. When I returned, Sergeant Daniels asked, "Would you like to talk this over with your son or should I? Either way, he'll need to be in custody tonight." We decided we would tell Eric ourselves and Sergeant Daniels left.

Just then, Eric came charging down the driveway on his roller blades, excited by the sight of a police car at our house. "Hi, Dad! What's going on?" he asked, breathlessly.

Dave, leaning against our car, folded his hands and said calmly, "Eric, that policeman was just here to talk to us about

you. You stole a camera, and now you have to pay the price. I'm taking you back to juvenile detention tonight. I'm sorry we didn't get a chance to be together, but this was a choice you made by stealing."

Hearing that, Eric emphatically denied knowing anything about it. "I don't know how it got into my backpack or my closet!" he yelled. "I don't know! I don't know!"

Dave was angry and disappointed but he somehow managed to conceal most of it with his zombie voice. He threw some of Eric's clothes into a bag, drove him to the police station, and turned him over to the officer on duty.

That night was the first serene sleep I'd had in a long time. Dave was home. Everything was going to be okay. We enjoyed some normal family time with Aaron. I told myself that maybe all this would finally sink into Eric's numb brain; he would learn that he has to follow rules in life, to do what's right, and get on with his life. For once, with Eric under lock and key, I just felt such relief.

But I knew it would be brief, at best. Look what havoc he's created already, a little voice warned me. Look at the destruction he's caused so far! And he's only twelve years old!

For the next few days, Dave took care of everything. He made countless phone calls to the police and learned everything he could about the charges being brought against Eric. He talked to the prosecutor's office and the supervisors at the juvenile detention center. I told Dave everything that had happened while he'd been away. We decided to talk to Dr. Patrick while Eric was in detention. He made room in his schedule to see us that afternoon.

"Dr. Patrick," I said, "this is so unlike Eric. He's never been a pleasant person to be around, but he never snuck out of the house before these last few weeks, especially not all by himself. And certainly not committing felonies!"

"Well," Dr. Patrick answered, "he is getting close to being

a teenager now; even boys who don't have ADHD have been known to sneak out at night. Didn't you say, Linda, that you don't have brothers, you just have one sister, isn't that right? Well, I can tell you, boys are most definitely more inclined to do those kinds of things. I'm sure you've heard the expression, "Boys will be boys." Somehow, assuring me that Eric's behavior was basically "normal" for boys didn't help.

"So what do we do now?" I asked. "He's miserable to be around when he's on medication, and he's miserable when he's not."

As Dr. Patrick contemplated my question, Dave asked, "Are there any hospitals or halfway houses he would fit into? Any temporary foster care, or special school, anything you know of where Eric would fit in?"

"No," he answered, "there's nothing like that, that I know of. You could check around. But," he added, "before you get too awfully worried about this, just remember, he's still a growing boy. Many, many adolescent boys get into this kind of trouble."

"Do you think the Prozac is in any way involved in this?" Dave asked.

Dr. Patrick thought briefly and answered, "No, I think he's tolerating it quite well. However, it can lead to a lowering of inhibitions, which can cause problems in someone like Eric, who has a boundary problem already. But we can't blame everything on drugs. What Eric has done is simply not all that different from what other kids have been doing for decades."

I didn't know how he could say that sneaking out at night alone, at the age of twelve, and committing serious crimes was "normal adolescent behavior." I felt more lost and confused than ever. We were paying Dr. Patrick well over a hundred dollars an hour but, I wondered, what good was it doing?

Arriving back home, Dave and I carefully read the package insert that came with the Prozac. It said the drug brings on

bipolar disorder (manic depression) in approximately one percent of the people who use it.

Mania. That's exactly what Eric's odd behavior was. We went outside, sat on the steps, and talked about what we should do. We decided to take Eric off the Prozac and just see if he got any better. Having made the decision, we lingered on the steps, enjoying a few minutes of the warm, sunny day.

Aaron had been at a neighbor friend's house during our appointment. When he came running up to greet us, I burst into tears. Aaron was such a kind, sensitive and clear-thinking little boy. It was hard on all of us having to live with Eric, but it was Aaron who took the brunt of it. It was he who was constantly picked on and frustrated by Eric's incessant demands for action and stimulation. He was Eric's target for almost everything—his anger, his sarcasm, his hurtful name-calling. He blamed everything on Aaron.

For a brief moment, I pretended that our family was just the three of us, and I wanted that moment to last forever. All I could do was hug Aaron and tell him how much I loved and appreciated him for just being himself.

"I love you, too, Mommy. And Daddy, too. And Eric, too. When is he coming home? I miss him." In the next instant, he jumped up and went back to play at his friend's house.

Dave and I came up with an idea. Our friend, Paula, had gone through a similar, although even more extreme, experience with her sixteen-year-old daughter, Jessica. She had been diagnosed with bipolar disorder as well as a new diagnosis called "Oppositional-Defiant Disorder," or ODD. They had finally found a special school for her. Dave called Paula to learn about the school.

Coming back to the steps, Dave said, "Well, Linda, I don't think we can afford Jessica's school. Guess how much it is?" Without waiting for me to answer, he said, "Thirty-six thousand dollars a year! And that's really for just one school year,

which is nine months. Paula said they had to take out a second mortgage on their house to pay for it; she won't be able to retire for an additional ten years. She has a whole list of other schools and programs all around the country, so I'm going over to borrow it right now." He headed out the door.

Paula was one of the few friends we had left, even though we were seldom able to get together to visit. Her mother's life had been quite similar to my mother's, with periodic commitments in mental hospitals. Her son, Justin, had ADD, and her daughter's emotional ups and downs, combined with her screaming fits preceded the diagnosis of "bipolar with O.D.D."

As soon as Dave returned, he began dialing. He was literally on the phone for hours, calling every lead that looked promising. Unfortunately, they ranged from thirty-six thousand dollars a year up to sixty thousand.

Even though she said it took forever to get through, my sister called from work. Dave encouraged me to go camping with her.

"I'm just going to be on the phone most of the time anyway. With Eric gone, I'm sure it'll be pretty easy taking care of just Aaron. You've been home dealing with this stuff all the time and you deserve a break. Go ahead and go."

So we did. After Beth's long bus ride, I picked her up at the bus station and we headed out the next afternoon. I definitely needed the break but, then again, so did Dave. He had just spent weeks on the road, working hard at his job and then had to come home and work there, too. So, while it was great to have a break from all my problems and good to spend some time with Beth, it was hard to think about anything but the felony charges, restitution, Eric's attitude, Eric's behavior problems, psychiatrist appointments, prescription drugs, juvenile detention, or the prospect of Eric's future in prison. It was always Eric stealing every ounce of energy I had, but he was such a giant thorn in my side that there was no getting away

from all the pain and worry. It simply never ended, not even while we were camped out next to the river, surrounded by tall fir trees and the wonderful fresh air. I didn't want to even tell Beth about Eric's latest bout with the law, so she didn't know he was in juvenile detention. I called Dave from a payphone in town to see how he was doing.

Eric had been released and was back home. Dave was trying to find things for him to do. He added that his phone calls had paid off; he had found two programs that we might be able to afford. They were both set up for adolescent boys who were "not doing well" at school or with their families. One, he told me, was in Samoa, of all places and, aside from the airfare, was surprisingly affordable, just fifteen hundred dollars a month. The other was only a few hundred miles away in Washington State, called "The Tyler Ranch for Boys." We might be able to afford it even though insurance wouldn't pay for any of it. It was one of the only programs that would accept someone as young as Eric; it sounded like just what we were looking for.

After dropping Beth off at the bus station the next day, I headed for home and helped Dave with more telephone inquiries. By the following morning our minds were made up. From our conversations with Mr. Tyler about the program, how it was structured, what their expectations were, how many boys were there, how they supervised them at night, Eric's medications, and other concerns, we both thought it sounded like a good place for Eric. It would take my entire paycheck every month, but we had no choice. There was no other way to keep Eric locked up at night.

Having settled on the Ranch, Dave turned to me and said, "I wasn't going to tell you this because I know you're pretty sick of this whole mess, but..." He paused to take a breath. "Eric snuck out twice while you were gone. I don't know how he did it, but he did. Both times, he got into cars that were

parked on Coleman Boulevard and stole some CDs and a lighter and some other stuff.”

“What other stuff?” I asked.

“A gun. It wasn’t loaded, though.”

“How did you find out?”

“Oh, you know Eric. He’s so completely disorganized and about as subtle as a freight train. He had mud all over his shoes that wasn’t there when he went to bed. Then I found my ski stuff all strewn around the rec room. I guess he’d been in the closet looking for more black gloves and a hat to wear while he played cops and robbers. So then I searched his room and found the CDs and the gun under his bed—not even way back there, just by the edge of his mattress.”

“Well, hopefully, he won’t get into any trouble tonight,” I said sadly. I felt ashamed of myself for secretly being glad that Eric had pulled the same thing on Dave, so I didn’t have to feel that I was such a failure at controlling him.

Mercifully, the night passed. In the morning the four of us headed off to the Ranch, a seven-hour drive away, which turned out to be seven hours of struggling to keep Eric from physically and verbally pestering Aaron, Dave, and me. We had him ride in the front seat but he wouldn’t keep his hands off the volume control on the radio, distracting Dave as he was trying to drive. Finally, we had Aaron ride in the front and I sat in the back with Eric where I could physically restrain him from pushing on the seat in front of him or throwing things at Aaron. But controlling his verbal pestering was impossible. He teased and taunted anyone whom he could engage; he yelled to get attention; he laughed loudly at nothing at all; he became extremely angry when we stopped for hamburgers and he wasn’t allowed to get out of the car. How this reminded me of another trip when I was twelve and we had to drive my mother to a mental hospital. She was completely out of her mind and making no sense whatsoever. You have no idea how painful it is to see someone you

dearly love completely out of his mind. There is no hope, no rosy future for them. Just stress, bankruptcy, moving from house to house, hospitals, and drugs.

At last, we arrived at the Ranch and, as we talked to Mr. Tyler, he had one of the older boys show Eric their video games. Eric excitedly hurried off. We took our time talking to Mr. Tyler and asking all the questions we had thought of since we last spoke to him. We did our best to explain Eric's recent behavior problems and run-ins with the law. Mr. Tyler was kind and professional and seemed to have a very good, common-sense approach to working with these boys. We may have been in a financial position of being forced to accept almost any program we could find, but we sincerely felt then, and we still feel, that the Ranch was a very good place indeed for Eric.

We finished signing all the papers, unloaded Eric's bags, and went to find him to say good-bye. Still playing video games, he just grunted, "Uh," without even turning around. There is nothing like having an ADHD child to break your heart and make you feel like a complete failure as a parent.



The Ranch

CHAPTER 6

The next day we called to see if Eric was settling in okay. Mr. Tyler assured us that everything was fine. A week later, he called us.

"I don't want to alarm you, but we've had a bit of a problem with Eric."

I took a deep breath, imagining the worst—he had hurt another boy or had run away.

Mr. Tyler continued, "We were out at the lake today, water skiing, and all the boys were behaving so well that I thought I'd treat them to an ice-cream cone at the little store. To make a long story short, Eric was caught shoplifting. He took just a small bag of candy but, still, he was shoplifting. At least there's good news, though. I talked to the owner and explained that Eric was new to the program and that it would never happen again. We go to that lake every summer and this has never happened before. We have a pretty good reputation there."

"What does all this mean for Eric?" I was almost afraid to ask, fearing Eric might be expelled from the program. "Can he stay at the Ranch?"

Mr. Tyler answered kindly, "Of course, of course! I really didn't mean to scare you. That Prozac is still in his bloodstream and, in fact, I'll bet it's another few weeks at least before he's completely free of it. But Eric still has to face the consequences of his actions, and he will be punished."

Feeling shaky with relief, I held back my tears. Thank

heavens he wasn't being kicked out. He would be allowed to continue under Mr. Tyler's kind, but firm, guidance—and infrared surveillance cameras.

"What will the punishment be?" I asked.

"Eric will pick his own punishment from the 'Pick List.'" The choices are to do yard work, or extra chores, or some other work for a set number of hours. Then he has to write a paper explaining the circumstances behind his poor choice to steal. I like to give my boys at least a choice, a little bit of control over things, even what their punishment is. It seems to work quite well."

In spite of the shoplifting, Eric was settling in nicely at the Ranch. Other than the expensive alarm system, you couldn't tell the Ranch from any other house on the block. Alarms were activated only at night to detect movement. If any of the boys tried to leave his room at night, even to use the bathroom, he would set off the alarm. Mr. Tyler was very clear on his rules and expectations. He used a point system for behavior, school work, attitude, respect, and hygiene. Eric loved trying to get as many points as possible because the rewards were fantastic: water skiing and jet skiing on the lake in the summertime, skiing, snowboarding, and playing laser tag in the winter. They earned points for a ride in an airplane and had to earn at least minimal points to play video games or use the hot tub. We called twice a week to check on Eric. Mr. Tyler kindly made it clear that, for many of the boys, living at a stranger's house made them tow the line much, much better.

In September, the boys at the Ranch began at a public school and in the evening were required to complete their homework during study time. Individual counseling took place two hours a week; group counseling usually lasted about ninety minutes, once a week. Eric continued on Cylert.

We received a type-written, monthly report on Eric's progress. It was obvious that Mr. Tyler was pleased with Eric's

behavior and attitude most of the time. Eric was still quite disorganized, had a poor appetite, and still had problems with self-control. But, by and large, he was getting along well with the others at the Ranch and at school.

"You know, Linda," he said, "I've seen a lot of troubled boys over the years; the vast majority of the boys here have had some pretty bad behavior problems. You know, I understand completely what you've been through with your son, but I just want to say that, underneath it all, there seems to be a really friendly and personable and funny person in there. I think we'll really get somewhere with him."

I knew we had found the right home for Eric. At last, there was someone experienced in ADHD who could see the Eric I knew, too, underneath the miserable exterior.

Back home, Aaron and I were both back in school. Aaron was such a joy to be around. He liked second grade and always brought home glowing reports. He got along well with the other students and his teachers, although he only really had one or two close friends at a time. A serious little guy, he would often come home complaining that they didn't learn very much. "We just did a lot of activities today," he'd say, obviously disdainful of such silliness.

For the first time in over ten years, our home was not just calm, it was pure heaven. No more yelling, no more chaos or fighting, no more sassiness to deal with. Coming home from work was actually something I looked forward to, and so did Dave. The three of us ate dinner together, talking about the day's events. Then Dave and Aaron would sometimes watch a little television while I corrected papers. I taught Aaron how to play chess. Even at seven years old, he was able to think logically and could plan his moves well. I marveled at how perfectly his brain functioned and was glad he enjoyed playing chess with us, because we sure couldn't afford to do much else.

Dave and I were still sorting through the charges brought

by the prosecutor's office as we dealt with the bills piling up from Eric's crimes. We only owed seven hundred dollars to the car repair business, because their insurance paid the other thirty-five hundred. The photographer claimed that one of his lenses had been broken during the robbery, and since there was no way to know if he was lying or not, we had to pay what he demanded for repairs: another seven hundred dollars. The photographer found out Eric's name from the police somehow and told a friend whose son, it just so happened, was in Eric's school here in town. Within days, and even though he wasn't there, Eric's crimes were the talk of the school.

We waited for the prosecutor's office to tally up the offenses and officially charge Eric. They came up with a total of two felonies and one illegal entry. Eric was assigned a probation officer and a court date in November.

No matter how overwhelming all of this was to me and my family, we had one extremely fortunate thing going for us: so far, we had been able to afford it. We had two insurance companies to pay for most of the psychiatrist visits and drugs; we had our savings account to pay for the felonies; and we had my job to pay for the Ranch. We just had to dip into our savings every month for about four hundred dollars to make ends meet. How on earth did people cope who didn't have the financial resources we had, I often wondered.

Whenever he was home, Dave took over the responsibility of talking to the authorities while I was at work during the daytime. We didn't know how long we would be able to keep Eric at the Ranch before we had depleted all of our savings, but we had no choice. We hoped we wouldn't be faced with taking out a second mortgage and decided to just put off that decision as long as possible, taking life one day at a time.

Mr. Tyler thought it was a good time to try taking Eric off the Cylert to see how well he would do. After getting our permission over the phone, he took him off the drug the very next

day. Cylert is a long-acting drug, the full effects of which are often not seen until the person has been taking it for several weeks. When the drug is stopped, the reverse process takes place; it may be several weeks before its effects wear off.

Mr. Tyler meant well. He, like all of us, wanted Eric to be able to live a life that was not dependent upon drugs but, unfortunately, Eric's behavior worsened; he became irritable, mouthy, and extremely hard to get along with. He couldn't concentrate on his school work, and his frustration was constantly boiling over. After two weeks, we sadly agreed with Mr. Tyler to put Eric back on the drug.

When November arrived, it was time for Eric's court date. Mr. Tyler generously paid for Eric's round trip airfare. It was an anxious time for us. Eric was our son, and we loved him, but we were just emotionally exhausted from what he was doing to our lives. We knew he had some sort of mental condition that prevented him from thinking like a normal person; we knew, too, that it wasn't really his fault for being the person he was or even for committing those crimes when he was under the influence of Prozac. And yet, of course, we all have to take responsibility for our own actions. In many ways it would have been easier if Eric had an easily recognizable disorder like Downs Syndrome or mental retardation. Then, people would have had a physical rationale for being understanding and forgiving. They would shrug as if to say, "Oh, it's not his fault; how is he supposed to know any better? Give him a break." Not so with ADHD. They are the kids everyone loves to hate—and point their fingers at the parents for not "teaching him any discipline."

Dave and I were so often angry; we dealt with it the best we could. We tried to talk it over with each other, but never got very far before I ended up crying or Dave stormed off. We, and all parents of ADHD children, walk such a narrow tightrope. We try to hold our lives together, while we turn ourselves

inside out struggling to teach our child to be responsible for something he has so little control over.

The judge gave Eric two years of probation, restitution of the damages, and fined him a hundred dollars for the victims' fund. Mr. Tyler agreed over the phone to supervise Eric as he worked off the fine, which translated into twenty community service hours. Eric spent his free time for the month of December cleaning city parks near the Ranch.

With the arrival of Christmas, Dave made the drive to the Ranch to bring Eric home for the holidays. He had changed. He actually seemed to care about us and was clearly trying very hard to be cooperative with us and kind to his little brother.

Always the optimist, I let my hopes soar as I watched Eric behaving so well. Maybe everyone else was right: Eric was just "undisciplined," and the highly structured program at the Ranch was all he needed. It hurt to think I could be such an inept mother and that I was to blame for all Eric's problems. But I had to face the truth—at least what seemed to be a possibility. Everyone could see it but me. *I was the problem*

It took three days for Eric's patience with Aaron to wear thin and he was back to yelling at him if he did anything at all to displease his older brother. I asked Eric to set the table; he just sneered and whined that Aaron should do it. "But I told you to set the table," I said.

Eric dumped the place mats, silverware and napkins in a pile on the table. He took four plastic cups out of the cupboard, clanging them together. We had long ago given up using real glassware. They break too easily. He slammed the cups down next to the pile on the table and started to sneak off to the rec room and his beloved video games.

"Where do you think you're going?" I asked. "You can do a better job than that. You're twelve years old, Eric!"

He replied, yelling at me from the hallway, "I hate this god dam house and everybody in it! I wish I was back at the Ranch!"

At least there, they don't..."

"Don't what?" I interrupted, angrily. "Don't make you do chores? I happen to know you do plenty of chores over there."

"They don't treat me like a criminal," he yelled. "They're nice to me." And with that, he stomped down to the hall to his bedroom, slammed the door, and fell on his bed. I finished setting the table myself as tears of frustration and anger rolled down my face. Why did everything have to be so hard? Why is it too much to ask to just have a day without fighting? Why was it so hard to just have a normal family? Geez, was there something in the air? The water? Was it our house?

I turned off the stove and went to my room. Sometimes, I just didn't have the strength to face my life. I just wanted to crawl under the covers and pretend I was dead. At least when you're six feet under you really can rest in peace.

With Eric's room right next to ours, I could hear him. He was crying. At first, I cold-heartedly ignored him and was glad he was hurting. But then, I thought maybe this was a good sign. Maybe he was feeling some normal, human emotion and maybe, just maybe, this time I could get through to him and make him understand that people don't need to live this way.

I knocked on his door; between sobs, he said to come in. I sat down on his bed next to him and asked him why he was back to being so angry all the time.

"I don't know, I don't know," he cried. "I don't mean to be, it just comes out that way. I don't think the Ranch is better! I don't know why I said it." After a pause to catch his breath and wipe his eyes, he continued between sobs, "I really... miss... you guys. Don't make me go back."

Five minutes ago I hated his guts. Now I just felt that this was my child, who I loved dearly, who was in so much pain that I wanted to hug him and protect him from the harsh realities of life. But since Eric still hated to be touched, I merely patted his arm lightly. I wonder if all mothers of ADHD children feel so

whipsawed from one emotional extreme to the other the way I was. Parents of normal children probably don't feel the extremes as much as we do. They don't live with Dr. Jekyll and Mr. Hyde.

Trying to give each other plenty of space the next day, I refrained from asking Eric to help with anything. Potato chips and pop for breakfast? Sure, whatever he wanted. Watch cartoons all day without making his bed or taking a shower or even going outside for a few minutes? Sure, why not. Not brushing his teeth or flushing the toilet? No problem, let me flush it for you. Anything to just get through this day.

As I watched Dave drive away the next day with Eric, the tears streamed down my face. But I wasn't crying for Eric. I was crying for the normal person it seemed he would never be.

In January, as Dave was figuring out our taxes, it became clear that we could no longer afford the Ranch. Our savings were gone as well as part of Dave's retirement fund, and we were forced to face facts: we'd have to bring Eric home. The usual length of time for a boy's stay at the Ranch is nine months to a year and Eric had only been there for six months. Assuring us that he understood our predicament, Mr. Tyler agreed to get Eric ready to leave at the end of the month. It was obvious to him, and to us, that Eric was doing well there, and it was a shame to stop so soon. And so, on the first of February, Dave, Aaron and I headed north on the long drive to pick Eric up and bring him home.



Home Again

CHAPTER 7

Aaron was actually happy to have his brother back again. And Eric seemed genuinely glad to be home. He missed us and, somehow, we missed him. It's funny how family members can do and say some pretty awful things and yet still love each other. Eric was still edgy and temperamental, but he was greatly improved compared to the previous summer. At least the Prozac was completely out of his system by then.

While I worked, Dave took over the responsibility of getting both boys off to school and often had to cook dinner while I stayed late for meetings or the evening class I was required to teach. In the evenings, while Dave helped Eric and Aaron with their homework, I corrected papers, planned for my next class, or recorded students' points and grades. With one hundred and seventy students in my classes every day, there was always a lot of record-keeping and planning.

We were all a little nervous about Eric coming back to his old school and having to deal with the unavoidable questions his friends and classmates would be asking, but Eric sailed right through it and quickly reconnected with his friends. They liked him in spite of his erratic temperament. I was grateful for that.

Dave left in May. He had spent the last four months at home; regrettably, it was time to go back to work. Putting in more hours during the spring and summer months meant he could take off more time in the winter and head to the ski

slopes when we could afford it. It was depressing to face life as a single mother again, but I managed the best I could. The boys and I ate at fast food places at least twice a week because I just didn't have the time to shop for groceries, cook the meals, serve the meals, and then start cleaning up. Food preparation can be so time-consuming. I quit my job at the end of the school year. I just couldn't do it all.

Appearing more like a junior college than a middle school, Eric's new school was finally completed with no expense spared. It had a state-of-the-art computer lab, a computer in every room for the teacher's use and another for the students' use. They didn't just have a cafeteria; they had a snack bar, potato bar, dessert bar, and cinnamon roll bar. The large timbers in the central courtyard stretched up thirty feet to frame the enormous figure of an ancient Viking that served as their mascot. Their school colors, blue and white, were emblazoned on all kinds of products for sale to students, from t-shirts to duffel bags. In fact, the principal, Mrs. Beecher, had tried to force all students into wearing one of these school t-shirts to all physical education classes. After complaints by countless parents were lodged, the school board finally put an end to the requirement. After that, Mrs. Beecher settled for requiring students to wear either a blue or white shirt to P.E.

Given her reputation as a friendly but no-nonsense type, we parents had all looked forward to Mrs. Beecher's leadership at our new school. But what parents and students quickly learned was that she was so controlling that she couldn't handle being around young adolescents. Students were punished for every minor infraction of every rule. She was out to set a high standard for herself and "her" school. No one was going to tarnish her reputation or get away with anything. Arriving even thirty seconds late to class, without a note explaining the tardiness, meant an automatic demerit. Even the best students found themselves in a revolving door into the principal's office. Mrs.

Beecher insisted upon being kept informed of absolutely everything that went on at her school. She used her position to make it clear to everyone that she was in firm control. By enforcing even the smallest rules with punishment clearly not in line with the infraction, she believed she was nipping misbehavior in the bud. Determined to make a name for herself, she would have nothing less than the best disciplined students in the city.

If a student failed to have a sharpened pencil before class started, he or she received a warning. The third time such an infraction occurred meant an automatic detention after school to teach the child not to be so irresponsible. Backpacks were not allowed in class because one might contain a gun and, therefore, had to be kept in lockers at all times. Students could have access to them only during lunch, or before or after school. Opening a locker during the day meant noise, something Mrs. Beecher refused to tolerate.

With Dave's constant help with homework, Eric made it through not only seventh grade, but through a year of Mrs. Beecher. With only two demerits he had even passed on to eighth grade.

The next year was another story. By October, Eric had already had two infractions, one for talking during class and one for being rude to a teacher. Both required spending half a day at Saturday school. Eric had to be there by 8:00 A.M. sharp, at which time the door would be locked. Any late students would be denied admittance. Such late students were assigned a full day of Saturday school.

One morning in late November, the school called to inform us that Eric had been suspended for too many infractions, including not having an assignment completed, not having a pencil, and being rude to a teacher.

At our next appointment with Dr. Patrick, we talked about how Eric's ADHD seemed to be getting worse, not just at home but also at school. We discussed the possibility that maybe he

didn't even have ADHD; maybe what he was really suffering from was bipolar disorder since that was what my mother had. So we started Eric on the usual medication for bipolar disorder: lithium. His Cylert was discontinued. I hoped, as I did with every new drug we tried, that this would be the "magic bullet" to calm him down and make his brain work better.

He had only been back in school three days when the office called again. A girl had complained that Eric had slapped her. This time, Eric was suspended for three days. In the car on the way home, I asked Eric to tell me his side of the story.

"Mom, I swear, I did not slap her! We were just playing around! She had already kicked me really hard in the shins and punched my arm; I didn't go running to tell on her."

"I know it doesn't seem fair but in this day and age, Eric, you can't touch anyone. You could be accused of assault. Remember that," I advised him.

The more things change, the more they remain the same, I thought. Middle school behavior hadn't changed in thirty years; only now, kids' parents are charging other kids with fourth-degree assault for all their pre-teen flirting.

And again, he had been back at school only a few days when Eric called me, saying he's been suspended for four days. This time it was for wearing a black t-shirt to his P.E. class. I called Mrs. Beecher to let her know I'd be there in a few minutes to pick him up.

"Well, I certainly hope so!" she yelled into the phone. She continued yelling so loudly that I had to hold the phone about six inches from my ear. "I don't know why it's so hard for your son to follow the rules around here! Everywhere he goes, he causes problems and..." she yelled even louder, "I've had it! I've suspended him for four days; maybe this will finally teach him a lesson. I'm sick of his behavior!" she continued on, hysterically. "He is the rudest boy we have in this whole school!"

It wasn't enough that I had to deal with a child like Eric,

now I had to deal with this emotionally out-of-control principal, too. "Mrs. Beecher," I said calmly, adopting Dave's best zombie monotone, "I know better than anyone else how difficult Eric can be, but you're not helping matters any. You have just suspended him for four days because he wore a black t-shirt to P.E. Does that really make any sense to you?"

"All the students follow the rules around here. It's just too bad if your son can't figure it out!" she bellowed.

I'm a teacher myself, but there's one thing I really don't get about schools. Do they really think they're punishing a child by not letting him sit in class all day long? When they suspend him, do they really think a parent will be able to make him split wood all day or sweep the driveway, or clean out the garage? No, they spend hours and hours watching cartoons. Some punishment! When I called his teachers to get his homework assignments, most of them just said, "Oh, don't worry about Eric keeping up with the class. We're not doing much since it's so close to Christmas vacation and all. He'll catch up just fine when he gets back."

Finished with my calls and feeling bone-tired, I laid down, thinking I'd just take a nap until Aaron got home from school. But hours passed. Aaron was home and night had fallen, but somehow the house had remained quiet. No fighting, no doors slamming. Dinnertime came and went, but I just couldn't force myself to get up. At eight o'clock, eight-year-old Aaron tiptoed gently into the darkness of my room.

"Mommy," he said, "I brought you some dinner." I opened my eyes and looked at the plate, arranged with saltine crackers and jagged chunks of cheddar cheese. As he gave me a gentle hug and left the room, tears welled up in my eyes that soon became an uncontrollable stream. I didn't know if I'd ever stop crying. I was so tired of what I had to deal with day after day, year after year. My life made no sense to me; I felt I couldn't bear the misery another minute. My son, who I loved, treated

me and everyone else like garbage. Even with all that, I seemed to be the only one who thought that he had a good side. It was true that his brain didn't work right. He was not capable of interacting appropriately with people or things around him. I understood how people could hate him. Half the time, I despised his behavior myself, but I loved him at the same time. I couldn't abandon him, and I couldn't live with him. My only escape was to sleep.

It seemed to me that no one was ever going to help. No one could. The school and the legal system only knew how to punish him. Our family doctor didn't see a problem at all. Dr. Donnely just wanted to make sure Dave and I weren't abusing the drugs ourselves. Dr. Patrick and his Prozac led to the mania that precipitated the felonies and twelve thousand dollars spent on the Ranch. My mother lectured Eric every chance she got about his poor behavior. Finally, after telling him that he was "the devil's child," I told her she was no longer welcome in my house unless she could keep such opinions to herself. My sister didn't want Eric around her children. It was a miracle that Dave and I were still married after all the arguments we'd had over what to do about Eric.

I slept soundly all night but managed to get Aaron off to school the next morning, feeling guilty for neglecting my children. I had tried to be a good mother. I was just so weary. What had I ever done to deserve it? First, it was eighteen years of living with my mother's mental problems, and now thirteen more living with my son's mental problems. Thirty-one years of hell with no end in sight.

Eric continued to be difficult to live with even though he seemed to understand that it was he who was causing so many of our problems. Sometimes, I would find him in his room with the door closed, crying because he felt like such a bad person.

"Everybody hates me, and I don't blame them," he'd say, flatly. "I do all this stuff and I don't know why. I just do it. I

hate myself and I wish I was dead.”

“Honey, your dad and Aaron and I love you very much,” I said, as I had said many times over the years. “We’re all frustrated and angry at times but it doesn’t last. Eric, we see the real you, and that’s the person we love. The real Eric is the one who’s kind to animals, and funny and smart and really fun to be around. That’s you, Eric. It’s just when your ADHD gets the better of you that we find you so hard to be around. But you are still the one who has to be responsible for your own actions, right?”

“I know, I know, I know,” he cried. “I hate ADHD.”

“Me, too, honey. We just have to learn to deal with it; your dad and I will always be here to help you, okay?”

“Okay.”

He was so unhappy. He had been through a lot for being just thirteen years old. I didn’t blame him for hating his life, and I worried all the more for what his future surely held for him.

With Eric’s four-day suspension being right before Christmas vacation he did not return to school until January. His readmittance required a conference with the vice-principal, Mrs. Lawson. I arranged with her to hold a meeting with all of Eric’s teachers to discuss Eric’s ADD and possible bipolar disorder, in addition to his problems with homework assignments and behavior. I spent about an hour trying to teach the teachers what ADD was and asked them if we could work together to find a way to help Eric be successful in school.

“You know,” I said to the group, “my husband and I don’t want Eric in this school. We understand very well how disruptive his behavior can be. I don’t believe it’s fair to you or to the other students to have to deal with it. But there simply is no other program, no school, no alternative school, there’s nowhere that we can afford to send Eric for an education. We’re not happy with him here, and I know you’re not happy,

but we're all stuck with it. So let's do what we can for him."

Except for the grumbling by Eric's science teacher saying "We're not here to babysit," the teachers seemed to understand a little better that Eric was capable of much more when teachers were more knowledgeable about ADD and how to handle it.

"ADHD is every bit as disabling as other disorders except that you can't see it," I told them. At least with a disorder like Downs Syndrome you can see what's going on, and you have different expectations of that person. But all you see in Eric is some mouthy, disrespectful, loud and immature boy who must come from a really bad home. Well, I can tell you, we may not be perfect, but Eric comes from a good family. We have another son who doesn't have any behavioral problems. He's a very good student."

After the meeting, I met again with the vice-principal to begin the process of qualifying Eric for Special Education assistance. After five months and several committee meetings between teachers, administrators, and special education specialists, Eric was denied because, with Cs and Ds, his grades were too high.

After being gone at work for two months, Dave arrived home in February. Spirits soared as we celebrated having him home again. Eric and Aaron loved the games that only another "guy" could play: competing to make the weirdest or the loudest noises, or joking around about "guy stuff" that Mom could only roll her eyes at. Even little Aaron could make those noises. As gross as I thought they all were, inside I was always in favor of any happy moments our family could find, even if they were just making weird noises.

An hour later though, the euphoria ended with Eric's explosion of anger; he was yelling at Aaron for not pushing the video button right, causing his "guy" to lose. Soon, Aaron was crying and screaming something back at Eric. Dave, exhausted from

work, just looked up at me and said privately, "I don't even like coming home any more." He went into the bedroom and fell asleep.

We had been on the waiting list to get in to see another psychiatrist, Dr. Vogel, who was new in town but who already had a good reputation for treating ADD. It was finally time to go see him. This time, I tried not to get my hopes up that he would be able to help us. I couldn't stand the awful letdowns with the inevitable feelings of hopelessness and depression.

We began by seeing Ken, the family therapist who worked as a team member with Dr. Vogel. Once we had had a chance to spill our guts to Ken, Dr. Vogel gave us his diagnosis; it was then up to him to prescribe the medication. Since Eric was not responding to the lithium, we agreed to take him off of it and put him back on Cylert. Soon we were meeting with Ken every week and Dr. Vogel every two weeks. Eventually, that slowed to meeting with the doctor just once a month in order for Eric to be seen by the doctor in person in order to get another prescription. Because we were dealing with a controlled substance, it wasn't possible to just call the pharmacy and get a refill. We had to pick up the prescription in person from Dr. Vogel's office and hand-carry it to the pharmacy. Of course, Eric half-way enjoyed our afternoons at the clinic, because they meant he was out of school for one or sometimes two afternoons a week. His favorite time was when we went in for a late-morning doctor's appointment, because that meant stopping at a fast-food place for lunch on the way back to school. Eric could then walk into the commons area, in the middle of lunchtime when all the kids were there, and show off his fast-food drink cup and hamburger wrapper, jokingly calling everyone "losers" who didn't get to go for fast food for lunch.

By the end of the school year, with Eric back on the Cylert, Dr. Vogel decided to try a new drug. It was always hard to tell when a drug was working or not because it was a question of

whether Eric exploded at us six times a day or nine; whether having to set the table meant fighting with me for ten minutes or twenty, whether arguments escalated to door-slamming or just yelling.

The new drug was Dexedrine, another amphetamine. Soon, Eric and I were at the clinic once or twice a week for his therapy with Ken and visits to Dr. Vogel for more prescriptions. Both were fond of saying, “ADD tends to run in families, you know, and often, anxiety and depression are the only symptoms. We frequently see those symptoms in the females, while the males have the more classic symptoms of misbehavior and aggressive behavior.”

It wasn't long before I, too, became a patient, seeing Ken for therapy and Dr. Vogel for prescriptions of Dexedrine. They seemed to know the cause of my anxiety and depression, and it did seem logical that I could have a mild case of ADD. It has been written in several books and magazine articles that the disorder is usually genetic. Being sandwiched in between my mother and my son, it only made sense that I could have it, too.

But even with the Dexedrine, I was still depressed and Dr. Vogel wanted me to also take Prozac. Feeling a little worried that he hadn't looked at our family's file to see what Prozac had done to Eric just two years before, I told him I wouldn't take it. How could he think I would ever allow Prozac to ever touch my family again? His second drug of choice, another antidepressant, made me nauseous; I quickly stopped taking it. Even though the Dexedrine made me feel even more anxious, it did seem to take the edge off my emotions and made it a little easier to get through the day. At least that's what I told myself. I was desperate for some kind of help.

To make sure there was no change in routine when school let out for the summer, Eric had to continue to be awakened at six-fifteen every morning, seven days a week for his morning dose, even though he often went back to sleep until ten or

eleven. His next dose was at eleven; his afternoon dose was at three. I made sure he always took his medication with him for sleepovers at a friend's house. I was as conscientious about his medication as anyone could be. But Eric was still irritable beyond words. He exploded if Aaron talked during a television show or if I told him to do something—anything. He was so hyperactive that reading for him was pure torture. Chores were started and never finished. His room was utter chaos. Here he was, fourteen years old and he wouldn't brush his teeth unless he was forced, so that's what I did. I stood right next to him and kept him on task. I forced him to bathe, to wash his hands after using the toilet, to eat a complete meal, to take his dirty laundry to the washing machine. By July, I wasn't just worn out; I fantasized about being run over by a big truck.

What previously might have been an hour spent in my room with the curtains drawn was becoming an entire afternoon, stretching to two or three afternoons a week. Sometimes I was able to sleep, while other times all I could do was cry. I knew I was depressed. I believed Eric was never going to get well and I thought Aaron was showing signs of depression. I just couldn't cope with it all. I gave up on the Dexedrine because the lower doses didn't help at all, and the higher doses just made me feel edgy and anxious.

Around the middle of July, during one of my twice-weekly sessions with Ken, I told him that, in my opinion, Eric's problems went beyond ADHD; that I thought he had serious mental problems, and that we should explore that possibility.

"No," he said, "I don't see anything to indicate that. I've seen lots and lots of kids with ADHD who even have it worse than Eric. There are plenty of families where the children and the parents as well have ADD so, while Eric's case may seem pretty difficult, he is by no means unusual for having ADHD." How depressing to think there were literally millions of other families suffering just like ours.

Finding cigarette wrappers outside in the yard, which Eric vehemently denied knowing anything about, I soon found holes burned in the carpet in the rec room. Eric admitted to just one “from burning incense” but was adamant that “someone else” had caused all the others.

Unbelievably, towards the end of July, Eric’s attitude and behavior got worse. He was actually more belligerent and angry. In his room he would turn up his rap music loud enough to rattle the windows. He yelled at me and Aaron any time we talked in his presence. Aaron would come to me in tears, telling me of the kind of language Eric was using. Behind my back, but loud enough so that I could hear, Eric was calling me every four-letter name in the book. When he played his video games and his man would lose, he would frequently scream at the screen, “Fuck you! You fucking moron! God, you’re a fucking idiot!” If Aaron made a mistake while playing a game, he became the target for Eric’s anger, and Eric would scream the same four-letter words at him. In desperation, I called every community resource I could find but the best I could do was get my name on a list. They said that when there was an opening, an intake worker would interview us to see if we qualified for respite care. A temporary foster home was out of the question, they all said. No one wanted to take in a difficult, angry, ADHD boy.

It was a case of *déjà vu* all over again when I walked into the rec room one morning and found a screen taken off a window and muddy footprints on the carpet. I made an urgent call to Dr. Vogel.

“Eric is sneaking out again at night,” I told him. “Do you think you could prescribe a tranquilizer for him so he’ll sleep?”

“No, Linda, he’s had that insomnia since he was a toddler. He doesn’t need a tranquilizer. He needs an evening dose of Dexedrine so that he can sleep. You know, we’ve talked about this before. The brain of an ADHD person is different and

“speed” calms them down. Besides, didn’t I already prescribe an evening dose for him?”

“Yes, but I haven’t been giving it to him,” I answered. “It seemed like it was just too much. I’m terribly worried about him, Dr. Vogel.”

“Linda, how can you expect this to work if you’re not following my orders?” he asked, sounding exasperated. He added, “Be sure he gets that evening dose.”

Against my better judgment, I did what I was told and gave Eric the added dose the next night before he went to bed. I stayed up until 1:00 A.M. to make sure he stayed in bed and then got up again at three to check on him. He was gone. I didn’t know what else to do so I just sat in the living room, waiting for him to come home. I thought about the possibility that he might bring someone home with him, someone who had a gun, or who was on drugs. Your mind can get pretty creative when you’re sitting all alone in the dark, late at night. I made sure all the windows were locked so that he would have to come in through the front door. He had a key to the front door, and probably several of them if he could find them, so it didn’t make much sense to lock it but I did anyway. At least I would have a few seconds’ warning when he tried to get in.

At four-thirty I heard him at the front door. As I peered through the little peep hole, it looked as though he was alone but, then again, it’s a double door and I could only see one side. I opened the door and let him in. He was dressed in gang clothes: a black stocking cap, huge, black, baggy sweatpants and oversized black sweatshirt. I made him empty out everything from his pockets and backpack. He had a pair of black gloves, a flashlight, matches, and cigarettes.

“Hey, I didn’t do anything wrong!” he yelled. “You treat me like a criminal, and all I did was go for a walk!”

“At four o’clock in the morning?” I demanded. The grief over this child just never seemed to end. I lectured him about

following rules, not smoking, blah, blah, blah, grounded him for a week, and angrily sent him to bed.

It scared me to think how similar this July was to that miserable July just two years before when he had committed the felonies. His behavior and explosiveness were unbelievable. Now that he was sneaking out again at night, I knew what to expect. The next day I began searching the house for stolen goods.

Starting with his closet the next morning, I was relieved to find nothing. I began searching through the rec room and the more I searched, the more thorough I became. Opening the Monopoly box, there it was: all kinds of CDs, cassette tapes, money, cigarettes, and even a pager. Then, in the bottom of an old chest, I found a beautiful black leather briefcase containing the owner's papers from work.

How do you put into words the sadness you feel when you learn that your son is nothing more than a born thief and criminal? Nothing I ever did or said was going to make one bit of difference. No one in the judicial system understood that Eric needed to be in a home for people with mental illness, not jail. I believed, and still believe, that thieving was simply part of his illness. He was ill, but not completely out of touch with reality. He didn't have hallucinations, but I knew he was mentally ill. And he was already under the care of one of the best psychiatrists in town who didn't believe Eric would even be accepted into a mental hospital.

That evening after dinner I took all the stolen goods down to the police station and turned Eric in. Detective Davis said it would take a few days but he would get back to me.

The next morning, taking the boys with me, I went to visit Dave's cousin, Saundra, from Idaho. Suffering from cancer, she had come to see the ocean and spend time with her aunts, uncles and cousins. Never knowing if it was to be the last time she'd be here, I wanted to see her again no matter what diffi-

culties we had at home. It was sure tempting to find a way to bind and gag Eric for the trip but, I told myself, that was probably illegal. We headed out on our long drive.

It was great seeing Sandra and her family again, but so sad to realize what pain she lived with every waking hour. The thought of leaving her two young children without a mother was hard for everyone to even think about, so we found other things to discuss. We just spent three quiet days playing cards, visiting, and turning the children loose to play on the mile-long sandy beach.

As I watched my sons, it amazed me how Eric could be so charming and so much fun at times but so difficult the rest of the time. Was this really the same person who had just committed more burglaries in the middle of the night? Was there something in our city's drinking water that caused him to be so explosive and angry at home and at school. Was he allergic to the trees in our back yard? Was it due to his difficult birth? Were we just expecting too much of him? Why was he so irritable ninety-nine percent of his waking hours? After fourteen years, I still hadn't figured it out.

Sandra was suddenly feeling ill. An hour later, she and her family left to go back to Idaho. She needed to be in a familiar hospital for her specialized treatment and where the doctors knew exactly how to manage her disease.

As summer came to a close, I still didn't want Eric in the public schools because, being difficult and disruptive, I thought he just didn't belong there. The teachers were there to teach; they weren't social workers and shouldn't be saddled with someone who couldn't behave. And the students, I thought, had a right to an education; to be in classes uninterrupted by some noisy, disrespectful kid who set a bad example for everyone else. So, while it was a relief to have a few hours away from him each day, I wondered how long it would be until he was suspended again. Now that he was a freshman in high school he

was facing much more advanced demands on him both academically and behaviorally.

Eric loved high school. I wondered naively if he was settling down and just needed the added flexibility of having some say in his class choices along with plenty of P.E. classes.

“High school is rad, Mom! You get to wear your hat during class, you can listen to your headphones whenever you want, even in class, and nobody cares if you eat candy or drink pop in class! It’s cool!”

That wasn’t exactly what I wanted to hear, but at least he hadn’t come home angry. In fact, he seemed rather happy for a whole week. On Friday night Eric, Aaron and I were all in a good mood as we headed to the grocery store for our usual family night goodies and movie. But as we returned to the parking lot and were getting back in our car, a security guard approached us.

“I’m afraid you’ll have to come back into the store with me,” he said. “Your boy here has something that doesn’t belong to him.” I couldn’t believe it. Eric didn’t steal things from stores, especially not accompanied by his mother!

“Eric, is this true?” I asked. “What did you take?”

“A lighter,” he answered.

We followed the guard into the employee lunchroom. There, he informed us that the store was fining us two hundred dollars for the shoplifting. He had Eric empty his pockets onto the table. There was just gum, a couple of candy wrappers, about four dollars, and the lighter.

“You had plenty of money to pay for the lighter,” the guard said to Eric. “So why did you steal it?”

“I don’t know,” he answered, flippantly.

“You don’t know why you shoplifted this lighter?” the guard asked.

“I thought I was too young to buy it! I thought you had to be eighteen,” he answered. “And I had to have it to give back

to this really big, mean dude who keeps bugging me to give him his lighter back. But I lost it so I had to get another one.” Then, to me he said, “He’d beat me up, Mom, I swear, if I didn’t get him his lighter.”

The guard asked me if I wanted the police called in. As I looked across the table at Eric, his surly attitude toward the guard and everyone else in the room made me angrier than I was already. He just sat there, completely relaxed in his chair with a bored look on his face. So I said, “Yes, call the police. Maybe they can get through to him.” Eric had gotten off easy from his theft of the leather briefcase because the owner didn’t want to bother pressing charges; he was just happy to have his papers back. But, here Eric was, still stealing.

Thirty minutes later a tall, uniformed policeman was reading Eric his rights. I sat there, incredulous, as Eric continued his casual, I-don’t-give-a-damn attitude and body language. He was slumped far down in his chair. When the policeman finished giving him his summons for shoplifting, he just said, irritably, “Yeah, yeah, yeah.”

As we were leaving and Eric was already half way out of the store, the security guard took me aside and said, “I’m really sorry about your son. I know it’s always the parents who end up paying for what their kids do; it’s store policy about the fine. It’s pretty steep, I know, especially for a \$1.37 cent item.”

“I understand,” I said. “I know it has nothing to do with the cost of what someone steals. The store has to pay your salary and benefits and try to cover the losses from the ones who get away. That’s just the way it is.”

Once again in the car, I questioned Eric some more about why he ever borrowed a lighter in the first place. He answered that it was from back in seventh grade when he “used to smoke.” I scolded him, grounded him for a month, and we drove home in silence.

When Dave called from California, it was awful having to

tell him about Eric's latest crime. I was sure Dave blamed me for being too nice to the boys and not punishing enough. I tried, but none of it seemed to make much difference. No one, not even Dave, understood how hard I tried to make him think like a normal person, to think things through, to live with the consequences of his own actions, to always do what was right, not what was easiest or most tempting. If it hurts someone else, it's wrong. Simple. No one understands how hard it is to raise a child like Eric—except other parents of ADHD children. And I don't even think they have all had it this difficult. Or have they? How many parents of "normal" children go through anything like this? How many have to force their child to eat dinner so that they won't have to live with their child's sleepwalking at night? How many other parents have given up their second income in order to care for a special-needs child who hates them and everyone else? How many have ever taken a parenting class, or have to go to weekly psychotherapy, or have to be the target for angry teachers, angry school principals, or angry parents? How many other parents have gotten to know the policemen, public defenders, and probation officers in their town? How many other parents absolutely cringe every time the phone rings, not knowing if it's the police informing them of yet another crime committed? I knew I was just feeling sorry for myself. I didn't care.

That week, I don't know what happened. I just lost it. I was so angry with myself for having a second child. Without the responsibility of that younger child, I could have found a way to permanently check out and finally end the hassle. Dave would certainly be a lot happier without all these problems. And my presence wouldn't make a bit of difference to Eric's future in prison anyway—or so I felt. It was only Eric's second week in high school and already, one teacher had given him an after school detention for his obnoxious, sassy mouth. I certainly didn't blame the teacher.

On Friday I called Dr. Vogel and cancelled our upcoming appointment. We had been seeing him for close to two years. "I can't come in and talk about Eric any more," I said softly. "I'm done trying. I give up." It took all the strength I had to sound composed and to speak loudly enough for him to hear me.

"Linda, please, this isn't a good time to withdraw. Eric needs you, and I think I can help."

"No. I can't," I answered. "Good-bye." I hung up the phone.



I knew my mother had been right, that it's a mistake to take a drug to try to make life's problems easier to face. She had always said that life hands us tests that we need to pass and that every time we face life's problems head-on, we get stronger. The more problems we face, the stronger we get. Well, I just felt sick of life's problems. A bottle of tranquilizers or a fast-moving truck would have taken care of everything just fine.

Saturday, I stayed blissfully asleep most of the day. I couldn't get up. I thought of my mother and how her episodes of being completely out of touch with reality were always precipitated by stress. I wondered vaguely if childcare counted as stress and whether I was still sane or not. By late afternoon, I managed to stay awake but I couldn't bear the thought of leaving my room where it was quiet, dark, and so peaceful. I hoped Aaron was playing safely in the neighborhood. I hoped Eric was just somewhere, anywhere, but home.

My friend, Lisa, had loaned me a book that she found had helped her a great deal. It was entitled *Boundaries* by Drs. Henry Cloud and John Thompson. With nothing else to do as I avoided my miserable life, I began reading.

The more I read, the more it became clear that I was not

powerless to change my life; that raising children, especially a difficult one, is a job that is simply too big for one person, any person. I wasn't really such a failure. In the pages of that book I found something I had never had my entire life: the self-confidence to follow my inner voice and do what I thought was best, regardless of whether experts or anyone else on the planet agreed with me or not. It was because of that book that I honestly began to get well.

I spent the weekend finishing *Boundaries*. I could hardly contain myself. Life was looking up!

Part II

Getting Real About ADHD



Real Mental Health

CHAPTER 8

Filled with a newfound determination to help Eric get well, I decided we were finished with psychotherapy, psychiatrists, and mind-altering drugs. They had never worked for Eric and, in fact, had only made our lives worse. Much worse. They had emptied our pockets and given us nothing in return, and I didn't give a damn what anybody thought—Eric would not be going back into their vicious cycle of psychotherapy and drugs. Neither would I.

I remembered something I had read in the past about some vitamin or mineral, something called "nature's tranquilizer." I set out to learn what it was. I looked in a reference entitled *The Complete Home Guide to All the Vitamins* by Ruth Adams. The book was right there on my bookshelf and under my nose all those years, but I hadn't even looked at it. Page 134 documented a case history of a boy named Mitch who was treated with some kind of natural therapy by a Dr. Abram Hoffer.

In many ways, Mitch was so much like Eric!

He set fires. He attacked his sisters. He stole. Sometimes he stole candy bars. And sometimes he ate as many as sixty candy bars in one day. Mitch had distortions of his senses: hearing, seeing, taste and smell; he couldn't concentrate; he had sugar cravings and was still, at age eleven, wetting the bed. He talked to phantoms he believed were in the room.

Dr. Hoffer's diagnosis? Schizophrenia. I knew Eric and I knew how much he was like Mitch. It was obvious to me that if Eric's condition worsened, he probably would have hallucinations and, therefore, schizophrenia. This Dr. Hoffer had written several books on not just treating mental illness, but curing it. One such book was entitled *How to Live With Schizophrenia*. I could hardly wait to get my hands on it.

Having grown up around mental illness, the term probably didn't scare me the way it would someone else. "Schizophrenia" is just a label to describe people who are out of touch with reality, like my mother was sometimes. She was one of the kindest, most gentle people I've ever known when she was herself. And when she wasn't, she was never mean or aggressive; she just didn't know who she was or where she was. Granted, some schizophrenic people do become violent and commit horrible crimes. Hollywood has seized on that idea for their psycho-thriller movies. But the reality of schizophrenia is that the vast majority of sufferers are nowhere near violent. They're just meek and extremely passive. Many live and work in the general population and you'd never know it.

Early Monday morning I called a national schizophrenia association and told the woman that I was looking for a copy of Dr. Hoffer's book. She replied, "Oh, I think the A.P.A. (American Psychiatric Association) did some studies and found that his methods don't really work, so we don't have the book. But, you know, they're coming out with some new drugs that are really quite good. Would you like a brochure on them?"

"No, thanks," I said, disappointed but not about to let her discourage me.

We did not yet own a computer so, spending a lot of time at the library, I learned that mental difficulties are often caused by various biochemical imbalances, that is, problems with the natural chemicals that make up a person's brain. It was so

exciting! Not knowing which ones were causing Eric's particular problems, I decided to try all of them. What did I have to lose? I found out that "nature's tranquilizer" is magnesium, while calcium and vitamin C also have a calming effect.

After three days on these minerals, Eric did seem calmer to me. Continuing to read, I found other substances that calm the nerves, such as the amino acid, tryptophan, and the herbs Valerian and Kava Kava. I gave him Deaner, a natural stimulant which some find more effective for ADHD than Ritalin. Then I tried lecithin and phosphatidylcholine. While I can barely pronounce this last one, I did read that it is something the brain needs in order to produce acetylcholine, one of the neurotransmitters which is lacking in people with ADHD. As I said, I tried anything that might possibly work.

These treatments are all part of the field of *orthomolecular medicine*. "Ortho" means correct, and "molecular" refers to the cells of the body. So orthomolecular treatment is providing the cells of the body with the correct chemicals they need.

The more I learned, the more I could just feel the pieces of the puzzle starting to fit together. It was one of the most exhilarating experiences of my entire life. There was finally a light at the end of the tunnel. Nothing in this world was going to keep me from reaching it.

What follows is a small window into the world of research I found on mental disorders, as studied by biochemists. These researchers do not work for drug companies. Therefore, they are not looking for a way to classify a mental disorder into a neat little package in order to develop a drug to sell you. The prize for these researchers is not a patent; it is not a fortune they're after; nor are they trying to make their company's stock prices go higher. Their reward is the thrill of making discoveries that alleviate the suffering of their fellow man, woman, and child.

Here, then, is a glimpse into their world and a description of some of the well-researched and well-documented causes of ADHD. Hopefully, the information is complete enough that you will be able to gain new perspectives on what may be causing your child's mental difficulties. If you would like more information on these topics, please read the books listed in the bibliography at the end of this book. Although I am not a biochemist or a physician, I highly recommend these resources. We as parents need to develop our own expertise, informed by both reading and our own knowledge of our children.

ADHD IS A CATCH-ALL DIAGNOSIS

The mental disorders of children, including adolescents, are extremely difficult to diagnose correctly. When a psychiatrist evaluates a child for ADHD, there is at least a 50/50 chance that, even though the child has ADHD-like symptoms, the disorder will really be something else. Recently, doctors have begun saying that children have these disorders in addition to the ADHD. I simply do not believe this.

In children, and sometimes even in adults, the lines delineating various mental disorders are so blurred that what looks like ADHD is just as likely to be bipolar, schizophrenia, or some other mental problem. The diagnosis of ADHD is just a catch-all term for many children's mental problems, because psychiatrists don't know what else to call them. Yet, at the same time, what clinical proof do they have that ADHD, or any other mental disorder, is what they say it is? None. Just opinions and theories.

Even within the description of bipolar disorder, for example, doctors might claim a patient is a "rapid cyler," meaning that he bounces from one end of the spectrum to the other in a short period of time, say, several times a day. In other words, he goes back and forth between euphoria and depression rapidly. Or, he might claim that the bipolar patient is the

“classic cycler,” whose state of euphoria lasts weeks or months, and is then followed by a state of depression lasting weeks, months, or even years. To add another layer to the confusion, the bipolar patient might just have “uni-polar bipolar disorder.” This means that he doesn’t go back and forth between the states of euphoria and depression; he simply stays in one or the other, with depression being the most common.

So, while the ordinary, garden-variety depression would call for one kind of drug, such as an antidepressant, a “uni-polar” depression might call for something entirely different, such as lithium. If the uni-polar patient is given a standard antidepressant such as Prozac, it can actually cause mania.

Thousands, perhaps tens of thousands, of children in this country are “rapid cyclers.” One doctor will call it ADHD while another will call it bipolar disorder. Or, doctors will call it ADHD while the child is young and change the diagnosis to bipolar when he gets older.

The next time you’re at the doctor’s or psychiatrist’s office, make a point of asking what is *causing* your child’s problem and whether or not the drugs are going to cure it. If the doctor says that drugs are just going to control the symptoms because, “no one knows what causes it...” you might want to look for another doctor.

The point I am making here is simply that childhood mental disorders are difficult to diagnose. Keep in mind that, just because your child has a diagnosis of ADHD, it doesn’t really mean he has ADHD; it means he has the *symptoms* of ADHD. Those symptoms overlap with several other mental disorders. For that reason, it is best to be open-minded about your child’s ADHD-like symptoms. It would make more sense to think of them as simply a “mental difficulty of unknown origin,” because this term does not pigeon-hole your child into the confusing classification of ADHD. It is leaving open the possibility that the problem could be something else, perhaps even

something diet-related. It keeps your options open while you look for the real cause or causes of the problem. As stated in *Earl Mindell's Vitamin Bible*, "Evidence of biochemical causes for mental disturbances continues to mount. Experiments have shown that symptoms of mental illness can be switched off and on by altering vitamin levels in the body."

The two main conclusions I have drawn from my experiences and research are these:

1. Doctors, who are members of the American Psychiatric Association, or APA, are overlooking the obvious when it comes to symptoms of mental health. By not even looking for the *causes* of mental illness they're never going to truly understand mental disorders. (In addition, if they don't know what causes them, it's no wonder they have no idea what's going on when a patient goes into "spontaneous remission.")
2. They have no physical test, such as a urine or blood test, to prove a diagnosis of ADHD, bipolar, or schizophrenia.

In reading through every book I could find about the natural causes and natural cures for mental disorders, I learned that one well-known scientist, Dr. Carl Pfeiffer, found twenty-nine biochemical imbalances that can result in mental problems. He wrote about some of them in his books, *Mental and Elemental Nutrients* and *Nutrition and Mental Illness*.

At the website www.alternativementalhealth.com you can read about these imbalances. Both sources say that they are the cause of schizophrenia, but don't let that frighten you. Schizophrenia is usually the worst-case scenario, and there are frequently many stages of illness before it gets to that point. An individual is not limited to having just one biochemical imbalance; he or she may have several.

The following is an overview of five of the proven causes of ADHD-like symptoms.

1. Pyroluria

To me, the most fascinating work ever done on the real causes of mental illness is the discovery by Abram Hoffer, M.D. and Humphrey Osmond, M.D. of the poison, adrenolutin. It is a chemical produced by a malfunctioning adrenal gland. Adrenolutin, in turn, produces a by-product called kryptopyrrole (pronounced krip-toe-PIE-role) or “pyrroles in the urine.” When I read the list of symptoms, I couldn’t help but think it was describing Eric. In fact, as it turned out a few weeks later, a urine test proved Eric had it!

Over the years, the favored term for kryptopyrrole, or “kp,” has become “pyroluria” (pie-ro-e-LUR-ee-ah). Regardless of the term you use, it is a naturally-produced poison which can bring on the same behavior in humans that LSD does. Of course, that explains why the behavior of a mentally ill person is so much like someone on drugs. Some mentally ill people just produce their own drug. Among other things, a person suffering from pyroluria might have thought processes that are illogical or disconnected, or he may have sensory disturbances such as colors being very bright or very dull or, like Eric, might have hearing that is extremely keen. For many others, the only symptom is anxiety which ranges from mild in one person to severe in someone else. Pyroluria is the result of an adrenal gland problem which is described in much greater detail in Dr. Hoffer’s fascinating book, *How to Live With Schizophrenia*.

In addition to discovering pyroluria, Dr. Hoffer has more than fifty years of experience in treating thousands of patients who suffer from it. He has conducted double-blind studies which prove that it exists. He has written several books on the subject. There is an inexpensive urine test easily available which will show you whether pyroluria is present in the body or not. Yet the APA stubbornly refuses to acknowledge that it even exists. That explains why so few physicians have ever

heard of pyroluria, even though researchers have found that it accounts for about a third of all cases of schizophrenia.

How many thousands of people would that add up to, I wonder. Over the last fifty years, since pyroluria was discovered and reported on, how many thousands of families, just like mine, have been destroyed by a loved one's mental illness quite possibly caused by pyroluria?

I lay the blame for this heartache squarely at the feet of those in charge of the American Psychiatric Association for their stubborn refusal to acknowledge the existence of pyroluria in favor of mind-controlling drugs. I strongly believe that what they have done is criminal.

In Dr. Hoffer's book I found the following list of sixteen characteristics of pyroluria. Eric had fifteen of them.

1. Irritable
2. Changes in hearing (Eric had extremely keen hearing.)
3. At times extremely sensitive to touch and other times very insensitive
4. Lack of body awareness so he or she seems to drop things a lot, or spill food, or break things
5. Poor attention to detail: lack of fine motor skills
6. Picky eater, poor appetite, says foods don't taste good
7. Poor sense of time: procrastinates
8. Thought processes are often illogical or somewhat disconnected
9. His or her mood is sometimes depressed or apathetic
10. Sensitive to odors, including foods
11. Has boundary problems: difficulty in understanding

when things belong to others and should not be touched, handled, played with, stolen, etc. Often has problems understanding “personal space,” that amount of space we all need around us to feel comfortable. If someone violates that space, and gets too close to us, we feel uncomfortable.

12. Visual differences: colors may seem dull and gray or bright and almost mesmerizing.
13. Unable to handle stress; falls apart easily
14. Has relatives, often NOT parents, who are alcoholic, schizophrenic, bipolar, anxious, or irritable.
15. Unable to understand “status relationships,” those relationships in which one person has obviously higher “status” than the other, for example, children/parents, student/teacher, criminal/police, lawyer/judge, etc. He or she does not show respect because he or she is unaware of how this relationship is supposed to work.
16. Fatigue

Someone suffering from pyroluria may have some, or all, of these symptoms. Dr. Hoffer has found that pyroluria is present in over half of children with autism. In some people, the predominant symptoms of pyroluria are irritability and anxiety, and the other symptoms are less noticeable. Many pyrolurics, or pyroluria-positive people, drink alcohol as a way to deal with these problems, and they go on to become alcoholics. In fact, 20 to 50 percent of all alcoholics have pyroluria as the underlying cause of their alcoholism. With such a good chance of having pyroluria, I would urge anyone with alcoholism or a drinking problem to be tested for it. I believe that every drug and alcohol treatment center in the country should test their patients for pyroluria.

A wonderful book entitled *Seven Weeks to Sobriety*, by Joan Mathews Larson, Ph.D, includes information on pyroluria and other biochemical imbalances leading to alcoholism.

In addition to the list of symptoms above, there is another symptom which someone may, or may not, have: a musty body odor that is not caused by poor hygiene. Eric had it.

Notice that “hallucinations” is not on the list. Yet this is a complete description of schizophrenia, simply put in different terms. Most psychiatrists will tell you that your child couldn’t possibly have schizophrenia unless he has hallucinations. I think Dr. Hoffer’s list is a much better description. Also, it does not rule out the possibility of the ADHD child going on to develop schizophrenia later on because the diagnosis does not hinge on the word “hallucinations.”

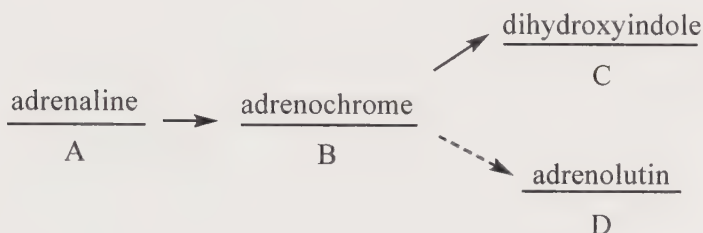
Do some or all of these symptoms describe your loved one who might have a diagnosis of ADHD or other mental disorder?

The Adrenochrome Theory

How does a body end up with pyroluria coursing through its veins? Dr. Hoffer discovered that there is a definite connection between a malfunctioning adrenal gland and pyroluria. He named this “The Adrenochrome Theory.” In short, it goes like this: We all know how we feel when our adrenal gland is pumping out adrenaline. We feel nervous, hyped up, and ready to fight. That is exactly what our adrenal gland was designed to do: to meet a threat and prepare the body to either fight it or flee, often referred to as “fight or flight.” As you may recall from your school science textbook, within seconds your body, whether you want it to or not, is manufacturing extra adrenaline and pumping it into your bloodstream. Extra blood is being routed to your brain, your heart, your arms and legs because these are the parts you need working well to ensure your survival. The organs not necessary for your immediate survival are

those involved in digestion and elimination, namely your stomach, bladder, kidneys, intestines, etc. These are being all but shut down as blood is routed away from them. You are now ready to either fight or run away from danger.

Look at the following diagram:



The normal biochemical pathway of adrenaline is from A to B to C.

The *abnormal* biochemical pathway of adrenaline is from A to B to D.

It is not hard to understand that some individuals suffer from an adrenal gland that has gone haywire. According to Dr. Hoffer, the malfunctioning adrenal gland:

1. Produces too much adrenaline which is then converted into too much adrenochrome and/or
2. Produces adrenaline when there is no threat. This also results in too much adrenochrome in the body.
3. Does not produce dihydroxyindole (the calming chemical). It produces, instead, another chemical called adrenolutin. This chemical is extremely poisonous and is not removed from the bloodstream. A by-product of adrenolutin is kryptopyrrole, or "pyrroles" which can be measured in the urine.

Combined, these adrenal malfunctions keep the body in a

constant state of “fight or flight:” hyper, irritable, unable to sleep, and ready to fight at the slightest provocation. If that doesn’t describe an ADHD child like Eric, I don’t know what does.

A normally-functioning body produces a chemical which changes the adrenochrome to the non-toxic, soothing chemical, dihydroxyindole, described earlier. This chemical stays in the bloodstream for a while after the threat has passed in order to calm the body and is then flushed from the body in the urine.

Of all the theories of schizophrenia that have been examined over the last century, The Adrenochrome Theory is the only one that has withstood the test of time. Dr. Hoffer has treated thousands of patients and has conducted double-blind studies to prove the existence of pyroluria, as well as its mind-altering effects.

Dr. Hoffer’s theory and the treatment he uses simply do not make money for the drug companies. That is why psychiatrists don’t know what it is. American physicians are trained in medical schools supported by pharmaceutical companies. It is no surprise, then, that doctors are experts at prescribing drugs for the vast majority of chronic health conditions, but they are not experts in human biochemistry or treating illness as a biochemical imbalance. Dr. Hoffer’s treatment consists of optimal doses of vitamins and minerals. His treatment is explained in greater detail in Chapter 13.

Approximately five percent of normal people produce pyroluria but have absolutely no symptoms of schizophrenia, alcoholism, or anything else. Therefore, the presence of kryptopyrroles (pyroluria) in the urine is not an absolute indicator of these two disorders.

According to the research, if someone is found to have pyroluria in their urine, there are four ways to reduce it in their body. Any one of these changes will eliminate, or greatly reduce, the symptoms:

1. **Produce less adrenaline.** It is well known that stress can bring on mental illness if the person is already pre-disposed to it. When we provide a mental patient with an environment that is as stress-free as possible, we are helping his adrenal gland rest and produce less adrenaline.
2. **Produce less adrenochrome.** For adrenaline to be converted into the bad chemical, adrenochrome, it must combine with certain other substances in the body, especially copper. Therefore, by removing excess copper from the body, you are producing less of this poison. Zinc binds with copper and removes the excess from the body.
3. **Produce more dihydroxyindole.** Penicillamine is sometimes used to remove copper from the body because it binds with copper and is then washed out of the body. Penicillamine also causes more adrenochrome to be converted to the calming chemical, dihydroxyindole.
4. **Remove adrenolutin.** When the chemical adrenochrome goes wrong, it produces this toxin. Dr. Hoffer used B-3 and Vitamin C very successfully for more than forty years to remove this chemical while another expert on the subject, Dr. Carl Pfeiffer, used B-6, zinc, and manganese. The Pfeiffer Center in Warrenville, Illinois still recommends these three. When I was treating Eric for pyroluria, I didn't know which expert to follow so I gave him all five: B-3, Vitamin C, B-6, zinc, and manganese.

When we speak of treating the schizophrenia caused by pyroluria, prevention and treatment alike involve the same natural (*bio-*) chemicals. This mental disorder is caused by a bio-

chemical imbalance and can only be cured with *biochemicals*, namely, the chemicals our bodies produce from the foods or supplements we take in. If we need more *biochemicals* than we can get from our diets, we must supplement with capsules. Dr. Hoffer's treatment is sometimes used only once to treat the problem, which is then cured for good. Some patients have had to use the treatment twice, three times, or more. Others must remain on the treatment for the rest of their lives to remain mentally healthy. They don't need drugs to be normal; they need certain *biochemicals* to be normal—to have a normally functioning brain.

After all, isn't that what you and I have? The reason we *don't* have schizophrenia is not because we take drugs to suppress the symptoms. We simply have all the biochemicals our brain needs for proper mental functioning.

Remember, it is the chemical adrenolutin that actually causes the changes in the brain and kryptopyrrole is just a by-product of adrenolutin. They're both part of the same biochemical process. Since kryptopyrrole (kp) is what shows up on a urine test, someone whose body produces this substance is said to have pyroluria.

And keep in mind: all it takes to prove the existence of pyroluria is a simple urine test. Both the Bio-Center lab in Wichita, Kansas, and the Pfeiffer Center in Warrenville, Illinois, perform pyroluria testing. Currently, the test costs about \$50.00.

The treatment consists of some vitamins, which can be purchased for less than \$25.00 per month. Some people will respond to the treatment within days or weeks. Some will need at least six months of treatment, while others may need to be on them for the rest of their lives. When pyroluria is left untreated, it is usually more difficult, if not impossible, to cure which is all the more reason to be tested as soon as possible.

The following comments are from my correspondence with

Dr. Hoffer. (December, 2003)

Question 1: Dr. Hoffer, in terms of percentages, how effective is your treatment for pyroluria?

Answer: "The answer does not depend upon the presence of kp but on how long the person has been ill and what is the cause. If the disease is caused by allergies, once these are identified there can be a very rapid response. If the disease has been present two years or less, I expect that with proper treatment carried on for at least two years, there should be a 90% recovery rate. If it has been present many years the recovery rate is not nearly as good but one can expect at least 50% if the treatment is carried on long enough.

For many years I have been puzzled by the fact that chronic patients take so much more time. Prof. Harold D. Foster, in his book, *What Really Causes Schizophrenia*, provides the first reasonable answer. He deduced from the literature that in chronic patients the continuous overloading with adrenochrome destroys thyroid tissue and that these patients are now suffering from hypothyroidism as well. This can be corrected with often large doses of desiccated thyroid which contains tri-iodothyrosine (T3) which is the active fraction. I am convinced that all schizophrenic patients should be tested for T3."

Question 2: Do you prescribe B-3, B-6, zinc, and vitamin C for everyone who suffers from pyroluria?

Answer: "The nutrients needed depend upon the type of condition. The most important are B-3, B-6, zinc, and vitamin C but others may be needed as well. I

usually start with these basic four if kp is present and then if there is an inadequate response will add others. One day laboratory tests will help to determine exactly what is needed.”

Some people experience a sudden-onset of the disorder, even overnight. They tend to be the ones who respond to treatment the fastest, but only if it's caught in time. The disease can strike at any age. Eric's disorder started, literally overnight, at the age of sixteen months.

How many people in the U.S. have pyroluria that is being allowed to worsen because they are being given a drug to cover up their symptoms? With more than four million American children living with a diagnosis of ADHD, how many really have pyroluria?

Researchers estimate that pyroluria affects roughly 11 percent of the total U.S. population. Given our national population of more than 275 million people, that translates to well over 28 million people. Of these, many have no symptoms at all but they pass their biochemical makeup on to their children. Some individuals only experience anxiety or depression. Others are irritable and have a quick temper. Still others feel irritable, and at other times, anxious and depressed. There are also those who are diagnosed “schizoid affective” or even full-blown schizophrenic. The problem lies in just classifying people by their symptoms, while totally ignoring the biochemical cause.

A score of 1 to 20 on a pyroluria test is in the “pre-symptoms” range. However, it's a good idea for any pyroluria-positive individual to be treated, even if his or her score is low because for some individuals, it's only a matter of time before the pyroluria gets worse and symptoms do appear. A stressful event can precipitate an increase in the amount of kryptopyrrole in the urine, along with a corresponding increase in symptoms, including a “nervous breakdown.” Personally, if I had a

family member with even a low score, I would give him or her a good six months of Dr. Hoffer's treatment, just to be on the safe side. Dr. Carl Pfeiffer observes in *Nutrition and Mental Illness*: "Most of the patients who come to the Brain Bio Center with a diagnosis of manic-depressive illness and have weekly swings in mood are merely pyroluric. They are easily treated with adequate zinc and B-6."

It only makes sense to me that anyone who tests positive for pyroluria be given the natural chemicals his or her body needs and then be tested annually to make sure the score is getting down below 20 and stays down. I personally asked Dr. Hoffer if someone's pyroluria could be treated well enough to bring his score down to zero. He answered that, unfortunately, it is not possible.

It is not only those children with pyroluria who have problems with behavior. There are children everywhere who exhibit behavior problems to some degree. They may be constantly whining or uncooperative or may just seem tired and cranky and in need of a nap. But for many, sleep isn't the problem. They are malnourished. They may need extra zinc or magnesium or some other mineral. They may not be getting the trace minerals their unique biochemistry demands, such as more molybdenum, vanadium, or manganese. They may be eating too many sweets in the form of that junk we call breakfast cereal or toaster pop-up things. These sweets deplete the body of B vitamins, as well as the mineral chromium, which is vital for keeping blood sugar in balance. A more nutritious diet with adequate protein may be all they need.



What causes the adrenal gland to malfunction? Back in 1960, Dr. Hoffer found that the adrenal gland malfunctions and ends up producing pyroluria (in some people) when the body is

deficient in vitamin B-3.

He also discovered that this malfunctioning gland uses up a tremendous amount of vitamin C, further causing this vitamin to be deficient. In a very few cases, these deficiencies can be remedied by eating a more nourishing diet but, in most cases, they are caused by the body's need for amounts far greater than what can be obtained by diet alone. It may be that the body lacks the enzymes necessary to get the vitamins and minerals out of the food that is eaten. Some people do not produce "intrinsic factor," a protein substance in the stomach necessary for their body to absorb B vitamins from food. It could be due to other factors. It may simply be that body's unique, biochemical need for the extra nutrients and, without them, the body cannot function correctly.



What is the difference between a *deficiency* and a *dependency*? A deficiency can be corrected by following a better diet. A dependency can only be corrected by supplementing the diet with the vitamin, mineral, or other nutrient. It is a need sometimes far greater than what is considered average. The important thing to know is that a dependency does not usually go away. It is part of that person's biochemical makeup and he or she will have this need all his or her life. Taking the right supplements will cause the disorder to disappear, only to reappear when the supplements are stopped. Compare it to the fact that eating food will cure hunger, but when the food is all used up, the hunger returns, and the need is back for more food.

Now, knowing what I do about this biochemical imbalance, it makes no sense to me to give a child a patented, synthetic drug to merely control the symptoms of a mental disorder. It's like driving a car that is spewing out black smoke. Would you put a sock in the tailpipe and consider the problem fixed? Isn't

that what we are doing with ADHD and other mental disorders, including schizophrenia? We just hand them a pill so that we can be “done” with the problem and get on with our lives? I’m not pointing my finger at you—I did the same thing myself.

2. Pellagra

The second cause I found for ADHD-like mental disorders is pellagra.

How do you know your child is not suffering from pellagra? Have you ever heard of pellagra? Neither had I. Your doctor, if he has even heard of it, is likely to tell you it’s some old, conquered disease.

According to my Webster’s dictionary, it is “a disease marked by dermatitis, gastrointestinal disorders, and central nervous symptoms, and is associated with a diet deficient in niacin and protein.” (Niacin is the name of vitamin B-3.)

By the 1930s pellagra was a common form of mental illness, more prevalent in the southern part of the United States. There were so many cases of it that doctors began specializing in diagnosing it and became known as “pellagrists.” There was no known cure for this horrible disease, characterized by the three “Ds”:

1. dementia (insanity)
2. diarrhea
3. dermatitis (The skin is rough, coarse, red, itchy, scaly over sun-exposed areas)

However, someone suffering from pellagra might have no symptoms of the skin disorder. In this case it is called, “pellagra sine pellagra.”

Back in the 1930s the insanity of pellagra could not be distinguished from schizophrenia. Once a patient was diagnosed

with pellagra, he was informed that there was no cure and that his insanity would eventually lead to being placed in a mental institution.

Then, even at that time, researchers discovered that when vitamin B-3 was added to a patient's diet, many people got well. In fact, so many people got well on the B-3 that pellagra was listed as a conquered disease, and pellagrists went back to regular doctoring.

Those who did not respond to the vitamin were labeled the "true" schizophrenics and kept in the hospital. To this day, administering B-3 is the only way to sort the pellagrins from the schizophrenics. Had they continued experimenting with B-3 and had they increased the dosage to levels that are often used today, they would have sent many more schizophrenic patients home. I can't help but wonder why we don't routinely give B-3 to schizophrenia patients today. If we did, we might empty out some of our mental hospitals, and those wandering the streets might have a chance at a better life.

In case you're wondering why pellagra was more prevalent in the South, it was because so many people there were subsisting on corn. In large amounts, corn depletes the body of vitamin B-3 unless it is eaten with a little vitamin C, such as lime or lemon juice.

One more thing: if you want to research pellagra on your own, good luck. I could find absolutely no mention of it in any recent medical reference book except in Dr. Hoffer's books. I wonder just how many modern-day doctors have never even heard of pellagra or how to treat it with B-3. The truth is that, with the poor diet that millions of Americans follow every day, pellagra is still with us. In fact, Dr. Hoffer is certain that many cases of ADHD are really varying degrees of pellagra.

Eric had a minor problem with "eczema," which could only be described as the same dermatitis that can appear in pellagra—that is, rough, red, scaly, and itchy. He also had the gas-

trointestinal problems as well as being a little out of touch with reality. Pellagra would certainly explain why he improved so much with extra (that is, “adequate”) protein in his diet. He was just not getting enough protein for a busy little boy.

I have since recommended to several moms of ADHD children that they give them more protein at meals, a little protein before bedtime, as well as for another snack during the day so that the child is getting protein five times a day, even if the snack is just a piece of beef jerky or a teaspoon of peanut butter on a cracker, or on a celery stick. Several mothers have told me how much it helped their child. Some even saw a dramatic improvement in their behavior.

One mother told me that her five-year-old son had been urinating all over the living room at night while sleepwalking. He slept so soundly that it was impossible to wake him, whether he was still in bed or walking around the house. He usually urinated in the corners of the room, so it went unnoticed until the August heat caused the odor to permeate the entire house. But the very day she started him on the protein five times a day, he stopped sleepwalking completely. The only time he ever sleepwalked and urinated again was one night, about two weeks after beginning the protein, when he had fallen asleep and missed not only dinner but his evening protein snack as well. After that, she made absolutely sure that he had his protein consistently. He continued to wet the bed until he was nine, but she was just glad he was no longer sleepwalking.

You might want to try this recipe for “cookies:” To about a cup of peanut butter, add a fourth cup of protein powder and a half cup of powdered milk, then stir in some raisins and/or nuts. If your child is allergic to dairy, substitute rice flour or oatmeal for the powdered milk. Form into balls and keep in the fridge. This was a fun recipe for Eric and I to make together. You can give your child one or two of these cookies for his snack, including his pre-bedtime snack.

3. Improper Levels of Copper and Zinc

Another cause of ADHD symptoms is an abnormal level of copper. Copper is just one of the many minerals in the composition of the human body. Too much copper in the body is dangerous. Too little copper is dangerous. You need the right amount because it is a matter of balance.

Zinc is another important mineral necessary for your body's proper functioning. Copper and zinc keep each other in balance. If you get too much copper in your diet, you risk not having enough zinc and vice versa. Copper is so abundant in our food and water that it is very rare to have a copper deficiency. But it is common to have a zinc deficiency. A deficiency of zinc allows the level of copper in the body to rise. Scientists have known for over a hundred years that mental problems result from excess copper in the body, affecting the brain.

Does your child have a high level of copper in his body? How would you know?

My previous family doctor refused to acknowledge that someone could be deficient in nutrients, causing all kinds of health problems, including ADHD. He also refused to acknowledge the usefulness of a hair analysis to find out if an individual's level of copper is healthy or not. So, I found a naturopathic doctor who did understand the value of such a test. By the way, the Environmental Protection Agency uses hair analysis to determine levels of toxins in people all over the world. If your medical doctor claims the test is not valid, he is wrong.

If your child has a zinc deficiency, it's quite possible he has a high level of copper. Look at your child's fingernails: white spots on the nails are a sign of zinc deficiency and can be corrected with supplemental zinc or, possibly, a better diet. Therefore, white spots on the nails are a sign that the body is defi-

cient in zinc. Low zinc can be a sign that the level of copper is too high, but it doesn't always correlate. All the white spots really tell you is that there is a deficiency of zinc. Eric's nails had many, many white spots. Now he only gets them when he hasn't been taking his zinc supplement. He's still learning how to take care of himself and his special dietary needs.

The book, *Mental and Elemental Nutrients*, by Dr. Carl Pfeiffer features several pictures of various patients' nails and white spots. I believe the book is out of print but the library can get a copy for you.

If you have a daughter who is using birth-control pills, you should be aware that they can deplete the body of zinc, causing her level of copper to rise. So, if she seems to be behaving erratically, you might want to have her checked for excess copper. Birth control pills can also deplete her body of B-6, another vitamin important for proper emotional and mental health. The best way to determine if she's lacking in B-6 is to just give her more for several months. Your naturopathic doctor can help you decide how much.

By the way, in some parts of the country like the Northwest we have many thorny blackberry bushes, which grow freely wherever you look. Their roots are very, very strong, making these bushes difficult to eradicate. Some people poison them by using a copper penny. They cut a slit in the cane or stem, wedge in the penny, and wait for the plant to wilt and die. So watch out for an elevated copper level. It is a natural element of human biochemistry but, in excess, it is toxic, often affecting mental functioning first.

4. Allergies

Look at your child's eyes: Does he or she have bags, wrinkles, or dark circles under them? Those are three good indica-

tions that your child has allergies. Does she have a constant runny nose, post-nasal drip, cough, or red ears? Those are more allergic reactions. Does he still wet the bed even though he's eight or nine or older? That can also be caused by allergies. Doris Rapp, MD has written an excellent book on allergies entitled, *Is This Your Child?*

Examples of physical allergies are fairly easy to see. It is the allergic reactions that occur in the brain which are much more difficult to detect. Many cases of ADHD are caused by these "cerebral allergies." There have been several studies done on the subject. One of those researchers is William Philpott, M.D. who has written *Brain Allergies*, a must-read for anyone dealing with behavior problems in children.

Talk to a naturopathic doctor about finding hidden allergies. He or she can teach you to look for things such as an elevated pulse rate. Did you know that your resting pulse rate should be about 70 beats per minute and that if it is 80 or above you may be living your life reacting to something? It could be dust, pollen, food or anything else but you need to find out what it is. Also, many people believe they are having a panic attack when, in fact, their heart is racing due to an allergic reaction. Halibut makes my heart race and, sadly, so does chocolate. The point is that there are many different and varied causes of feelings like anxiety and depression.

The most unusual thing about allergies is that we are often drawn to the very foods to which we are allergic. We have a noticeable reaction to a food; if the reaction is negative we obviously tend to avoid the offending food. However, the reaction can also be positive and the only thing that will make us feel "right" again is more of that food. We feel addicted. It's the same response one gets from addictive drugs. These are usually foods that we eat every day or, at a minimum, twice a week. The alcoholic exhibits the same addiction-reaction and takes in more alcohol to feel "right." As Dr. T.G. Randolph is quoted in

Mental and Elemental Nutrients:

Food addictions have the same characteristics of relief on exposure and the emergence of delayed reactions as addiction to tobacco, narcotics, or alcohol. Addictions can be converted to allergic reactions by a four-day fast, after which symptoms are immediately evoked with the offending food.

In other words, if your child (or you, for that matter) eats wheat every day, for example, you may not be aware that he is allergic to it. He may have ringing in his ears or may feel cranky and fatigued. To find out if wheat is the problem, take it out of his diet for at least four days, preferably one month. If he's less cranky or his skin looks better or the dark circles under his eyes don't look quite as dark, you may have found the culprit. Put the wheat back in his diet and see if his symptoms worsen. You might have to do this with every food you suspect, although some are more common allergens than others. It could be an allergy to eggs, dairy, nuts, red food dye, etc.

How many people in this country have taken flight to the hills and deserts to escape their physical problems, finding that they are allergic to air pollution, chemical additives in their food, and the inhalants from car exhaust, manufacturing plants and industrial smelters? Some have found relief in the mountains of New Mexico, while others live in the deserts of Texas, unable to hold down a job due to their physical challenges. Some can barely keep themselves alive.

They are probably right; their bodies cannot tolerate the hazards of modern life. What is it that makes them so fragile? What is it that makes their bodies different from a healthy body, which *is* able to withstand the pollution in the environment? Researchers believe they have found the answers to these problems. They report that allergic responses can often be

treated with six months or more of B-6 supplements daily. Put another way, maybe these people have a physiological need for more B-6 than they are getting from their diet, and their suffering is a direct result of not getting enough of it. My husband Dave is also extremely sensitive to odors such as those from perfumes and dyes.

As a toddler, Eric had a runny nose for months on end, unrelated to a cold. For a whole year, he was given no cow's milk or other dairy product and, instead, had goat's milk and goat cheese. The runny nose did clear up although he continued to have extremely dark shadows under his eyes for years. To this day he loves cheese and eats a lot of it. No longer living at home, only he can determine if dairy products are problematic for him.

According to Dr. Hoffer, his more than fifty years' experience in treating people with schizophrenia have shown that there is a high correlation between an allergy to dairy products and mental problems. He states that not only do milk and cheese keep zinc from being absorbed into the body, but this process becomes even worse if the body is allergic to dairy. Then, the body often becomes seriously depleted of zinc. This, in turn, can lead to a high copper level and mental problems or it can go hand in hand with pyroluria and mental problems. Both of my children and I are allergic to cow's milk and cheese and have dark circles under our eyes. My sister, Beth, had such terrible pains after eating dairy fats that she had to have her gall bladder removed.

It is often observed that a large percentage of ADD children also have a fondness for cheese and/or milk. Medical doctors don't understand the connection but biochemists, such as Dr. Hoffer and his colleagues, do.

If your child has many, many allergies it is possible that he or she is lacking in vitamin B-6. This deficiency causes the cells of the body to become permeable, or full of holes,

allowing allergens to get in. Treatment consists of a minimum of six months on B-6 supplements. You also need to have your child tested for specific allergies so that you can remove them—as much as possible—from his diet.

If your child is “spacey,” unable to focus (unless it’s something really interesting such as video games), or has other typical ADHD characteristics, he may be experiencing an allergic reaction to something he is eating on a regular basis. Fatigue, constant whining, and fits of anger have all been known to be signs of an allergy. Dairy products, wheat, apples, and eggs are just a few of the foods we eat so often that they can keep a person in a constant state of allergic reaction.

Research has shown that a child who has both ADHD and allergies should never eat any food containing the preservative “benzoic acid,” a very common additive to processed foods such as potato chips and other junk food. Read labels carefully before you buy the product.

The Feingold Association is a well-known source of information on how to determine which, if any, preservatives, flavor enhancers, coloring agents, or other artificial chemicals are making your child ill. Their phone number is (703) 768-3287.

Also, the Pfeiffer Treatment Center in Warrenville, Illinois has a good reputation for using nutritional therapies for mental disorders including ADD, ADHD, Asperger’s Syndrome, Bipolar Disorder, Oppositional-Defiant Disorder, and Schizophrenia. Their phone number is (630) 505-0300. If you would like to read testimonials from other parents who have used the Pfeiffer Center, you can find some at www.alternativementalhealth.com. Sponsored by Safe Harbor, this site is a tremendous help for anyone searching for viable paths to real mental health. The Princeton Brain Bio Center in Skillman, New Jersey, founded by Dr. Carl Pfeiffer, is another resource to help you correct imbalances.

Unlike CHADD (Children With ADD), which is supported

by money from drug makers, Safe Harbor is a non-profit group comprised of people who have experienced the pain of mental illness and who have found natural remedies to be the best treatment. They are truly a support group without a hidden agenda.

5. Deficiency of Omega 3 Fatty Acids

Many parents have successfully treated their children's ADHD with a very specific type of fat known as Omega-3 Fatty Acids. A thorough source of information on treating ADHD-like symptoms is B. Jacqueline Stordy's excellent book, *The LCP Solution*. She reports on studies showing that ADHD and other disorders are often caused by a lack of long-chain-polyunsaturated essential fatty acids, a very long name shortened to LCP. These LCPs are also called "Omega-3 Fatty Acids." Jean Carper reported on the connection between Omega-3s and ADHD in her book, *Miracle Cures*.

In addition to causing ADHD, a deficiency of LCPs has been proven to cause learning disorders such as dyslexia and dyspraxia. Dyspraxia is a disorder of delayed development of motor skills and sometimes language skills. A child may be clumsy or delayed in crawling or walking. He or she may have problems with fine motor skills such as tying a shoe or buttoning a shirt. Dyspraxia can also mean that the child understands spoken language but can't seem to speak it.

There is a high correlation between these three disorders. Not only do they tend to appear together but, in addition, they are often accompanied by dry skin and hair, eczema, and/or asthma. Poor night vision and Tourette's Syndrome have also been reported as being helped by LCP supplementation.

Numerous studies of Omega-3 fatty acids have been conducted in various countries and in prestigious universities such

as Oxford in Great Britain, Purdue in the United States, and Toyama Medical and Pharmaceutical University in Japan. Scientists found that 75 to 80 percent of ADHD sufferers see improvement of their symptoms after increasing the amount of LCPs in their diet. These statistics are similar to those showing Ritalin's effectiveness. Some ADHD symptoms were relieved within weeks, while others took up to three months to disappear. Though many children with learning disorders showed improvement after just weeks of added LCPs, a whopping 89 percent of them showed improvement after five months. At Toyama University, double-blind studies proved that LCPs lowered the aggression displayed by students under stress. Study after study confirms that the lower the amount of LCPs in the body, the higher the incidence of behavioral problems, including aggression, tantrums, anxiety, getting to sleep and waking up in the morning.

While frequent thirst can be an indicator of diabetes, it is also a common sign of LCP deficiency, along with the need to urinate frequently.

In Great Britain, LCP supplements are more commonly used for ADHD symptoms than drugs. Cylert, suspected of causing liver failure, has been banned from their market.

The studies reported on in Ms. Stordy's book all used a product called "Efalex," which is a blend of fish oil and evening primrose oil. Eight soft gel capsules provide 480 mg of LCPs, the amount recommended daily for a minimum of three months, after which the participants went on a maintenance dose of half the original amount, or 240 mg daily. It has been suggested that children under the age of five need half the amount; i.e., 240 mg for three months, followed by a maintenance dose of 120 mg daily. Pregnant women need to be sure to get enough of these fatty acids in their diet prior to conception as well as during the pregnancy and during breastfeeding. However, they need to be extremely careful to avoid fish and

fish supplements which might contain mercury and should rely on their naturopathic doctor's advice.

If your child is already on Ritalin or some other drug for his ADHD symptoms, be sure to check with his doctor first before you add these fatty acids to his diet. According to Ms. Stordy, if a child is taking both an ADHD drug and fatty acid supplements, it is possible that his behavior will worsen. From her perspective, that is actually a good sign! It means that he may no longer need as much Ritalin because his brain is starting to work more like a normal brain—one that is agitated, not calmed, by amphetamines.

In a forum on the internet, I have read that some pyrolurics (anyone who tests positive for pyroluria) have not found fish oil to be helpful but prefer evening primrose oil instead. One such message board is at the Harvard Medical School-Massachusetts General Hospital site, keywords: *Harvard*, *MGH*, and *pyroluria*.

Keep in mind that LCP supplements won't help everyone because behavior problems, dyslexia, and dyspraxia can also have other causes, such as brain injury or a lack of oxygen.

Studies on the LCP and ADHD connection were so strong that the makers of Efalex won the right to make the claim that Efalex is "for the dietary management of fatty acid deficiency in ADHD."

As Sydney Baker, M.D., former assistant clinical professor of pediatrics at Yale Medical School, is quoted by Ms. Stordy, "To all intents and purposes, fatty acid supplementation is the remedy for children with extreme temperament and attention problems."

An endorsement by Edward Hallowell, M.D., co-author of *Driven to Distraction*, is on the new cover of Ms. Stordy's book and says this about LCPs: "A most persuasive, and potentially dramatically helpful, approach to improving the lives of people who have ADHD, dyslexia and dyspraxia."

If you would like more information on these fatty acids, Ms. Stordy includes a thorough chapter on recommended resources at the end of her book.



In summary, these are the five causes of ADHD-like symptoms I found in my research. You may identify others yourself just by doing more research at the library or online.

1. Pyroluria
2. Pellagra
3. Improper levels of copper and zinc
4. Allergies
5. Deficiencies of Omega 3 Fatty Acids

A Caution about B-12 Deficiency

Does your child suffer from chronic, rather severe headaches? If so, there is one more treatment that you should know about. Scientists have found that a B-12 deficiency can cause schizophrenia. In *A Physician's Handbook in Orthomolecular Medicine*, Herbert Newbold, M.D. describes several patients whose schizophrenia was cured with B-12. The amounts needed for each person varied widely so it's not really anything I can help you with. You would need to find a professional to help you with the dosage. Chapter 9 documents our family experiences and positive results with B-12.

The Real Mental Health Experts

Dr. Abram Hoffer

First and foremost on my list of real experts in the field of mental health is Dr. Abram Hoffer, to whom this book is dedicated.

Originally, Dr. Hoffer and Dr. Humphrey Osmond, who discovered kryptopyrrole, found that in chemical testing, the poison produced a colored spot in the urine in the test tube. The spot was a mauve color, hence the original name was the “Mauve Spot” or sometimes “Mauve Factor.” The doctors came up with the term “Malvaria” to refer to the condition of having the Mauve Spot in the urine. “Malvarian” referred to a person who produces a Mauve Spot. Later it was called “kryptopyrrole” or “pyrroles in the urine.” Today it is generally referred to as “pyroluria.”

As I mentioned earlier, Dr. Hoffer and his colleague, Dr. Humphrey Osmond, discovered pyroluria decades ago. Dr. Hoffer is still a practicing psychiatrist in Victoria, B.C., Canada. For more than fifty years he has been treating mental patients with his natural treatments. Margot Kidder, the actress who played Lois Lane in *Superman* (1979), is not only one of his patients, but credits Dr. Hoffer with reclaiming her mental health with a treatment consisting of the right diet, vitamin and mineral supplements.

Dr. Hoffer has written many books on the relationship of nutrients to mental health, including *Smart Nutrients* and *Putting It All Together*. Both books also show how other mental problems such as dementia and Alzheimer’s can be caused by long-term deficiencies. In addition, Dr. Hoffer explains how to naturally lower cholesterol using niacin instead of drugs.

In company with thousands of others, I believe that Dr. Hoffer is long overdue for a Nobel Prize in medicine for his miraculous discovery of pyroluria and his tremendous, humanitarian efforts over the last half century.

Dr. Carl Pfeiffer

The Pfeiffer Treatment Center in Warrenville, Illinois, named in honor of the late Dr. Carl Pfeiffer, continues to treat both physical and mental illnesses by correcting the underlying

biochemical imbalances. Their lab is able to do pyroluria testing, generally referred to as "pyrroles in the urine." In his classic book, *Mental and Elemental Nutrients*, Dr. Pfeiffer gives much more detail on pyroluria and other natural causes for mental disorders, including his histamine theories. Dr. Pfeiffer also wrote that Harvard researchers agree with his finding that pyroluria accounts for about thirty percent of true cases of schizophrenia.

While Dr. Hoffer and the late Dr. Pfeiffer were both in agreement that pyroluria causes schizophrenia, their treatments differ a little. Dr. Hoffer now treats with B-3, B-6, zinc and Vitamin C. He has found that the Vitamin C binds with the adrenolutin and carries it out of the body. This way, the kryptopyrrole cannot be produced. (Remember, adrenolutin is the real poison and kryptopyrrole is simply the by-product that is detectable in the urine.) Dr. Pfeiffer's treatment is B-6, zinc, and manganese. The zinc gets rid of excess copper which has combined with adrenochrome, another precursor to kryptopyrrole. Additional information on these treatments can be found in subsequent chapters in this book.

Drs. Hoffer and Pfeiffer are two of the most renowned and respected names in the field of orthomolecular or "natural" medicine. Roger Williams, PhD. and Dwight Kalita, Ph.D., in their Preface to *A Physician's Handbook of Orthomolecular Medicine*, define it this way:

Orthomolecular Medicine is essentially the treatment and prevention of disease by the expert adjustment of the natural chemical constituents of our bodies. It places its reliance on these agents in preference to chemicals and drugs which are foreign to healthy metabolism.

The conclusion made by Frank G. Boudreau, M.D., also noted in the Preface is worthy of consideration today:

If all we know about nutrition were applied to modern society, the result would be an enormous improvement in public health, at least equal to that which resulted when the germ theory of infectious disease was made the basis of public health and medical work.

That statement was made back in 1959. Comparing what they knew then and what we know now would be like comparing a manual typewriter to a computer. Needless to say, orthomolecular medicine has come a long way.

You and I can either choose the natural way or the drug way. It's a free country and we do have a choice.

After many agonizing years of trusting in drugs, our family found the little-known research of these orthomolecular physicians compelling. We began to make small and significant changes that had dramatic, life-altering effects. These changes freed us to believe that wellness was possible for our family.



A New Beginning

CHAPTER 9

First Steps

September 18, 1996

Eric had so many problems with volatile moods and impulsive behaviors that, after learning some of these biochemical imbalances, I didn't know where to begin! I decided to start with Dr. Hoffer's information on pyroluria-induced mental illness. Aside from Dr. Hoffer's books, there was no one, nothing that could help me to make Eric well. *Boundaries* had given me the self-confidence I needed to do what I believed was right, no matter what the "experts" told me to do.

For the first time I objectively recognized that the health care system had failed Eric. He had never been properly diagnosed or treated for his very real illness. As parents, Dave and I had faithfully, consistently tried to work with pediatricians, medical doctors, psychiatrists, and therapists. While they may have been well-intentioned, in the final analysis the potent and in some cases dangerous drugs prescribed for Eric's symptoms did nothing to address the causes of his illness. And, they did often create more suffering in the form of side effects. Reliance on drugs did not help Eric. For the first time in these many years, I felt hopeful about addressing causes and not just symptoms of Eric's disease.

Dr. Vogel called. "Linda, do you really think this is in

Eric's best interest to drop out of therapy?" he asked.

"Yes, I do. I've read about another treatment, using niacin, that I want to try."

"That's funny," he said. "I've never heard of that one. Listen, Linda, I know you're having one of those days when things just seem like too much to cope with and that those bad days seem to be increasing. I know you feel that you need to withdraw but I really think that you need our support and that you have to think of Eric. I'm afraid you're withdrawing to the point where you're hurting not just yourself but Eric, too."

Normally, I would cave in to the opinion of someone who is considered an expert. Besides, we all like Dr. Vogel. He means well.

But I said instead, "Drugs and counseling have gotten us nowhere! After all these years, all the problems, all the money we've spent, after all is said and done, we're no better off now than when we started. Talking and drugs are not going to make Eric well. They will *never* make him well."

Dave came home early from his work in California, worried that I just couldn't handle everything by myself anymore. But what he found at home was not a depressed or overwhelmed wife. He found someone with her old, optimistic outlook on life. He was puzzled by my sudden change and couldn't understand why I had been so depressed just days before when we talked on the phone. He probably wondered as Dr. Vogel did whether I had really gone off the deep end this time.

I knew I was on the right track, even if no one else did. Of course I was happy! Who wouldn't be? I had finally set a strategic course for taking positive steps to meet our son's illness head on. Perhaps we could now change year after year of suffering. I felt hopeful once again.

I told Dave that the longer we chose to rely on medical doctors, the further we would be from any real help. He had to agree with me that after thirteen years of hell, thirteen years of

searching for answers, the only real help we had ever found was Dr. Lendon Smith's advice on protein.

How many thousands of dollars did we spend on Eric's ADHD, I wondered. And for what? How many doctors, psychiatrists, counselors and pharmaceutical companies did we support? How many public services did we use such as police, detectives, public defenders, judges, probation officers, juvenile detention facilities and guards? How many teachers and school administrators were negatively affected? How many students received a poorer quality of education due to Eric's disruptive behavior in school? And I'm only talking about one small boy. Multiply our case by the millions of others who, like Eric, are not quite seeing reality as it really is. How many of them are now, or will someday be, in jail or a mental institution, breaking their parents' hearts and bank accounts along the way? How many robberies, car accidents, fights and murders will be committed? How many will never be caught and will continue their crimes for years? How many live in your community or work next to you?

Not once in all our years of psychotherapy did a doctor refer to ADHD as a mental disorder. They seem to have a completely separate category for ADHD that is neither physical nor mental. They say these kids just have "something going on" that keeps them from paying attention and makes them hard to get along with.

I believed Eric was suffering from mental illness, but the psychiatrist couldn't see it. Due to the fact that Eric did not have delusions or hallucinations, the doctors ruled out schizophrenia. But, to me, mental illness is not so black and white. It's not "all or nothing." It is on a continuum that goes from "slightly out of touch with reality" way over to the other end, which is "completely out of touch with reality." It is a *process*—with a range in both the nature and severity of symptoms. I saw Eric somewhere in the middle of the scale. At this

point, whether or not the therapists or doctors acknowledged it, we began to help Eric by relying on the work of orthomolecular researchers and our own best instincts about our son's needs.

September 23, 1996

I took Eric in for a hair analysis at a naturopathic doctor's office; the test results were going to take up to three weeks. I asked the doctor for a lab order for the pyroluria test.

At the lab, the technician handed me a large, gallon-size jug and instructed me to collect Eric's urine, every drop of it, for 24 hours. At home, I put up a big sign on the toilet, "DO NOT PEE HERE!" and Eric had to use a small bucket. When he finished, I poured the urine into the lab jug and kept it in the refrigerator. We didn't miss one drop of urine. It was surprising how little urine Eric produced over 24 hours. It probably wasn't more than two cups. I wonder if that's true of a lot of ADHD kids.

While we waited for the results of the test, I started Eric on a low dose of both Dr. Hoffer's and Dr. Pfeiffer's natural treatments. I gave him daily: 1 gram each of B-3 and Vitamin C, plus 600 mg B-6, 50 mg of zinc, and 20 mg of manganese. (Too much zinc can deplete the body's level of manganese so doctors often include manganese while taking zinc.) Even if the tests turned out normal, I knew the vitamin and mineral treatment would do him no harm. That is one of the great things about treating with vitamins. While drugs may help with one disorder, they often are the cause of some other disorder. But vitamins and minerals help in many different ways, because they're essential to all the cells of the body. They are building blocks for growth, recovery and renewal, enabling cells to become healthier.

Fully prepared to drive Eric to Saskatchewan where Dr. Hoffer lived if necessary, I began tracking down the famous doctor. By this time, we owned a computer and I found that he

had relocated to Victoria, B.C., where he continues to treat schizophrenia, as well as learning and behavioral disorders in children and adults. Dr. Hoffer kindly answered my questions over the phone about his research and I was on my way.

Analyzing Eric's Profile

October 25, 1996

Eric's pyroluria test came back positive. People who score under twenty are in the "pre-symptom" range, and they frequently have no symptoms at all. Eric's score was 42, so that very afternoon I increased his daily dose to 2 grams each B-3 and vitamin C, a B-100 capsule, 800 mg of B-6, and continued the zinc and manganese. Again, I still didn't know a whole lot about the natural remedies. Not knowing if I should follow Dr. Hoffer's or Dr. Pfeiffer's treatment, I stayed with both. I was terrified of failure. After two days, I again increased Eric's daily dose to the amounts recommended by Dr. Hoffer to treat pyroluria-induced schizophrenia: 3 grams niacin plus 3 grams natural (not synthetic) vitamin C and a B-100 capsule. These were all in capsule form, not tablets, because tablets are sometimes made with a glue-like substance that keeps them from being broken down in the digestive system. Capsules break down easier.

At the same time, I also gave him Dr. Pfeiffer's treatment: 600 to 1,000 mg of B-6 along with 50 mg of zinc and 20 mg of manganese. The B vitamins work better when the whole B-Complex is present so Eric had one or two B-100 capsules daily. He was also given brewer's yeast hidden in some of his foods. Remember, this is an inactive form of yeast so it won't cause a Candida yeast problem but it is chock-full of nutrients, including the entire B-Complex.

B-Complex and Headaches

Eric suffered for at least ten years from terrible headaches; they were worse when he skipped a meal. After taking him to our naturopathic doctor for a course of vitamin B injections, his headaches completely disappeared. Yet this was just an unexpected bonus. Allow me to explain.

Having found the Canadian Schizophrenia Association, I sent for their list of articles describing various mental ailments and the natural remedies for them. One article summarized a study done on a family in which several members had disorders such as red/green color blindness (Eric has this), bipolar disorder (my mother was diagnosed with this), pernicious anemia, and prematurely graying hair. Doing genetic testing on the family members, scientists learned that these disorders were so close to each other on the chromosome that they often overlapped. They also were situated near, and overlapped with, a genetic marker, which indicated a need for extra B-12. The family was given a course of B-12 injections, which helped many, although not all of them.

Because the study was so small, covering only one family, I knew it was a long shot that Eric might be genetically similar to this family but hey, I'm a mom, not a doctor; I don't care if double-blind studies have been done or even if the odds are a thousand to one that it might help. I hoped that the shots might cure Eric's color blindness or bipolar disorder if he had it. The worst that could happen was that they simply wouldn't work. For six weeks, our naturopathic doctor gave Eric weekly shots. They consisted of B-Complex (all of the B Vitamins together), with extra B-3, B-12, and folic acid. (Dr. Hoffer and others routinely give folic acid to their mental patients in addition to the other B vitamins already mentioned.) After six weeks, Eric had the shots only sporadically for another six weeks because he resisted them, and it was hard to talk him into continuing.

The fact that Eric's headaches disappeared immediately after twelve weeks of the injections was a pleasant, unexpected surprise as there was no mention of headaches in the study. Since then, and it's been seven years now, Eric only gets an occasional headache, much as anyone else does. Unfortunately, he still has red/green color blindness.

A product labeled "B-Complex" sounds like it should include all the B vitamins, right? Well, the list of ingredients on the box of B Complex that we used for Eric's injections only listed a few of them. I don't know why. You might want to look for a more complete product.

Eric's Initial Results

November 8, 1996

Eric looked up at us as we were finishing dinner and said, "Gee! That was really nice!"

"What was, Eric?" we all chimed in.

"Dinner! We didn't have any arguments during dinner! Everyone got along! Cool!"

I didn't know whether to laugh or cry when he added, "We should do that more often!"

It was true! We did have a nice, quiet meal together. Eric was reasonable even when he heard that he was not going to a basketball game with his friend. Eric had been on the vitamin therapy about six weeks and he was being reasonable! I didn't want to get my hopes up but I just couldn't help it. I could have shouted it from the rooftops, "We just had a normal meal just like a normal family!" I think you have to live in a crazy ADHD household to fully understand the enormity of the situation!

November 13

Eric was still complaining about all the supplements he had to take so I made him a deal. I added two more dollars to his allowance every week as long as he took the vitamins with no complaining.

November 16

Eric says he feels good! And he looks good! He looks so much healthier! And he's far, far from the miserable, out-of-control, mouthy, disrespectful punk he was just a few weeks ago. It actually seems to be more than just wishful thinking. But I'm afraid to really believe it.

November 22

Eric was great yesterday and today, too! Boy, a person could get used to this!

SPECT SCAN

As I continued reading and researching, I soon learned of a new test that, by measuring the electrical activity in the brain, can detect the presence of mental illness. Called a SPECT scan, the name is short for Single Photon Emission Computed Tomography.

Shortly after finishing his vitamin B injections, I had Eric undergo the scan, even though it required the patient to first ingest a small amount of radioactive liquid. The doctors assured me that it was such a small dose that one would get more radiation just from being in the sun for a few hours.

The SPECT scan shows the areas in the brain where electrical activity is normal, below, or above normal. Certain patterns of under- or over-activity correlate with certain mental disorders. Eric's scan showed a pattern that was not ADHD; it

was a very slight, unusual case of bipolar disorder. The doctor recommended we see a well-known psychiatrist in a nearby city to treat it with drugs.

Of course, the diagnosis was unsettling. But the very tiny areas on the scan, which correlated with bipolar disorder could not explain his outrageous behavior as a child.

Normally, the bipolar brain is shown in the scan to be literally covered with white spots which they say are areas of lessened electrical activity. But Eric had only three tiny spots. I firmly believe that without Eric's vitamin B injections, his scan might very well have shown a brain covered with white spots.

I wonder if any of the experts on SPECT scans have tried scanning the brain before and after a course of vitamin B injections. There would be no money in it so I wouldn't hold my breath. Doctors interpret the results of the SPECT scan as bipolar, ADHD, or some other disorder when, in fact, the real interpretation might really be a deficiency of B-3, B-6, B-12, or zinc, or other biochemical which these doctors have never thoroughly studied.

The doctor interpreting Eric's results told me that the scan clearly showed that he did not have ADD/ADHD at the time of the test. I will never know for certain whether the significant infusion of B-Complex into Eric's system over a period of three months altered the results of that SPECT scan. We could come to either of two conclusions:

Interpretation 1: Although Eric had been diagnosed and treated for ADHD, he didn't actually have ADHD. (If he didn't have ADHD, it would explain why the ADHD drugs never helped Eric all those years.)

Interpretation 2: The treatment with B-Complex vitamins had significantly altered what the results would have been. In other words, he had begun to recover

from what had been severe ADHD symptoms through natural biochemical therapy. I strongly believe this was the case with Eric.

Why not give your child a course of vitamin B injections instead of the scan? Have your naturopathic doctor administer them. It won't do any harm. I have since learned that there are many people who have bipolar disorder who find vitamin B quite helpful and take injections on a regular basis.

Even though I would never again subject my child to the radioactive substance used in the SPECT scan, it was a helpful test at the time.

November 27

Not a great day. The results of Eric's IgE allergy test came back and were printed up in four columns. Eric had exactly four foods listed in the "No Reaction" column, which meant that the other 136 foods were anywhere from "Low" to "Strong Reaction," with eggs, dairy, wheat and peanuts being among those in the "Strong" column. How was I supposed to feed him without giving him any of those or 130 other foods? He couldn't live on celery and water for very long. And there weren't many things I could get him to eat before the test. The whole thing was just overwhelming.

Going back over my notes, I remembered that allergies, especially when they are as pervasive as Eric's, can be caused by a deficiency of B-6. So I continued to rely on Eric's vitamin and mineral therapy, including 1,000 mg of B-6 daily, and gave up on removing foods from his diet. I'm not Super-Mom. I just couldn't do it all.

March 17, 1997

Eric is simply much calmer than he has ever been. We're all getting along better, and life is good. But I know we're not out of the woods yet.

His attitude and behavior in school have improved dramatically. He's not even close to being the person he was in September. He may not be the *most* cooperative student, but he is cooperative, most of the time. He was given detention the other day, but it wasn't for swearing at the teacher or starting a fight. It was for chewing gum in class!

April 4

We had so much fun last night that Dave and I laughed until our stomachs were sore. We had just finished a quiet, pleasant dinner, and Dave started hamming it up. He has been many characters over the years but last night he "became" a new one, with his hair all messed up and his arms tucked inside his t-shirt with just his hands sticking out of his short sleeves. He looked so ridiculous. And when Eric and Aaron joined in, copying Dave's "look," we had a real carnival going on with all three of them in the act. I laughed so hard I had tears streaming down my cheeks. It felt so good to laugh. At last, this was the happy ending I had worked so hard for.

Or so I thought. I knew I was on the right track with Eric but he still wasn't quite right. He had become so reasonable, so calm, so fun to be around. He slept well. He looked so healthy! The strange smell was gone; his skin was no longer pasty white; his chest was no longer skinny and sunken in. And yet, he was still more volatile than he should have been.

I didn't know why he still had problems, unless it was his allergies. So I started removing one allergen at a time: first dairy, then wheat, then eggs, etc. Nothing seemed to make much difference.

It wasn't long before I had to face what I had been denying to myself for a long time: Eric was on drugs. With the realization that we didn't have a happy ending after all, I put the manuscript for this book on the shelf. And there it sat for years as we all dealt with living with Eric and his Dr. Jekyll and Mr. Hyde personality. Round One was over, but Round Two was just getting started.

November, 1997

Even though Eric was far from perfect, he was still greatly improved. His headaches were still gone. He looked healthy. But he had friends who liked to drink and smoke dope and, clearly, Eric was right in there with them.

I still wanted others to know about the dangers of pyroluria so I started a support group of sorts at our local health support center. The idea was not to get together and vent our frustrations; it was more of a study group to learn more about the biochemistry of ADHD. It was named, "ADHD: Natural Causes, Natural Cures." Of the five of us who had our child tested for pyroluria, two children had it. Eric's score was 42 while the other boy's score was only a 7; and his mom, of course, was greatly relieved by the low number.

It was quite interesting to me that the vast majority of the mothers in the group had two things in common: we had a child labeled ADHD, and we had all been vegetarians before conceiving and/or during our pregnancy. In fact, out of 21 mothers of ADD children who I talked to at the center, 18 had been vegetarians. One never ate meat because her dad had been a butcher and meat was just too gross for her to deal with. Another found the smell of meat during her pregnancy nauseated her. I, personally, was a vegetarian for years before Eric was conceived, because the whole idea of eating dead animals was (and still is) hard to take. It seemed reasonable to me to conclude that our children could be suffering from one or all of

the following:

1. pellagra, the disease caused by a deficiency of protein and B-3
2. a deficiency of B-12 because this vitamin is not found in plants, only animals
3. a deficiency of LCPs

This is surely not to say that all women who follow a vegetarian diet during their pregnancies will have a child with mental difficulties. What I am saying is that if a pregnant woman already has an above-average need for B-12 or certain amino acids, etc., this need, combined with an inadequate diet, may well predispose her child to having mental problems such as ADHD.

I had learned enough to know that positive results were possible; that parents, teachers, and therapists needed an open and intentional dialogue about the gamut of mental and behavioral conditions from which growing numbers of children and adults seem to suffer; and that all the alternatives for treatment of symptoms and causes should be publicly reviewed. In the meantime, Dave and I were still “students,” learning how to treat our family’s unique needs.



Eric and Aaron

CHAPTER 10

I will always wonder if the misdiagnosis for 13 years and the errant treatment with potent, but ineffective, drugs had created a negative spiral in Eric's adolescent development that predisposed him to drug and alcohol abuse. In this day and age, I can only speculate about the "what ifs"—what if he had been properly diagnosed as a young child, what if he had been properly treated with appropriate biochemical therapies years earlier?

October, 1999

By the time Eric was just three months short of turning eighteen, we kicked him out of the house. He had dropped out of high school, then dropped out of the alternative high school. He was at the vocational-technical school to learn welding, but his attendance was sporadic. He got into trouble with the law, and he still did not have his driver's license. After his involvement with a party that got out of hand, Eric was sent to drug and alcohol treatment.

At least with Eric out of the house, Dave and I could enjoy some time alone with Aaron. And we did. For exactly three months we enjoyed just being a family.

January, 2000

Just as Aaron turned thirteen, and my mother was in the hospital with terminal lung cancer, we received a call from

Aaron's school counselor, informing us that he had emailed a friend at school that he was going to commit suicide. Though he really didn't want to talk about it, I finally got him to open up a little. As he pulled down his sock, he showed me where he had been cutting himself. He thought he was ugly and that no one liked him.

The psychologist tried but could not get Aaron to talk about much. We found a new counselor. We tried to talk to Aaron as much as we could but he always found it hard to talk about his feelings. We found yet another counselor but, as with the others, every time the conversation came too close to getting to the bottom of what was bothering him, he would avoid the subject.

July, 2001

Eric is my miracle child. He finally figured out that he cannot drink or do drugs and is even holding down a full-time job as a surveyor's apprentice. His company is paying for his classes at the tech school where he has a B average and, on his last test, earned the highest grade in the class. Eric has also found a church he loves. He attends the fun Saturday evening services in addition to volunteering at the church during the week.

And I was just hired to work part-time at one of our local schools.

March, 2002

We have to find yet another therapist for Aaron. This one isn't bad, it's just that Aaron won't open up.

March, 2003

It's been about three years and Aaron does seem a little better. At least he's no longer threatening to commit suicide, nor is he cutting himself. Two of the therapists thought he was

bipolar. We even tried a course of lithium but it didn't seem to help at all.

April, 2003

This afternoon in the car, Aaron started to say something to Dave but his sentences made absolutely no sense. He was incoherent. We took him to the emergency room at the hospital but hours later, during the intake interview, he laughed and told the nurse he was just kidding around. So, puzzled, we just brought him home again and he was talking just fine.

May, 2003

Arriving home after work, I found Aaron curled up in a corner of the hallway. He wasn't just depressed, he was crying so hard that he couldn't speak. He couldn't move. He was rigid. Eric happened to stop by about five minutes later so he and I tried to get Aaron into the car to take him back to the hospital. But because he refused to go, I had to call an ambulance.

Within thirty minutes we must have had twenty uniformed emergency personnel at our front door. We had two fire trucks, an aid car, and a police car as well as all of our neighbors watching the drama unfold.

On our way to the hospital, Aaron told the emergency technician that he had taken several drugs, including Ecstasy, cocaine, DXM (in over-the-counter cough syrup), as well as other drugs. But the odd thing was that the drug test came up clean. Not one drug showed up. I know that drugs don't stay in your system very long but he was so "out of it" that it sure seemed to me that he had taken something very recently.

Aaron then said he was confused and hadn't really taken any drugs in the last month and that those were the drugs he had taken over the past year. I didn't know what to believe. He spent the night at the hospital.

The next morning I found a substitute to take over my

classes at school and went in to check on him. He was more coherent. At least he was able to talk and walk around, although he still seemed quite fragile. He was thin but the doctor had weighed him and found him within the normal range. Before discharging Aaron, the mental health counselor said he wanted to talk to us. He was very clear: if Aaron came to emergency again, he was going to have him committed to a state mental hospital.

Somehow, we lucked out and found a psychiatrist with a good reputation in town who agreed to see Aaron that very afternoon. At one o'clock sharp, we were in his office. After talking with Aaron for close to an hour, Dr. Ford wanted to prescribe an antidepressant for him but, because of Eric's reaction to the Prozac, decided Aaron might have bipolar disorder and decided to prescribe lithium instead.

Having already been on a trial of lithium the year before, Aaron said he didn't want to take it because it made him feel "dead." So I half-heartedly tried to get him to take the lithium but it just didn't seem like the right thing to do to someone. I thought it was obviously not the right medication.

Aaron was so unlike Eric that I thought it was impossible for him to be suffering from pyroluria. He definitely did not have an overactive adrenal gland that made him ready to fight at the least provocation. In fact, Aaron was always kind, meek, and very quiet. He was not one to lose his temper easily or even be difficult to get along with. It wasn't easy admitting to myself that maybe he did need drugs. I'm not a doctor; I'm just a mom trying to do what's best for my children. I don't know everything there is to know about bipolar disorder. But I started Aaron on the vitamin therapy anyway, in addition to the lithium, because I wanted to be on the safe side, just in case it did turn out to be pyroluria.

It was a difficult decision to make but I gave notice at school that I would not be returning in the fall. As much as I

loved teaching and had dedicated years to earning a Bachelor's Degree and then a Master of Education degree, there was no way that I could teach and have enough time and energy to take care of a mentally ill child. One had to give.

June 21, 2003

Aaron had been on the vitamin therapy for about two weeks when I left him with Dave so that I could take a class away from home. It was still too soon to expect him to show results because correcting a biochemical imbalance takes time; I didn't even know if he had pyroluria or not. Since the lab had gone out of business years before, I knew of no way to get him tested.

Dave was in charge of giving Aaron his drugs and vitamins while I would be with other teachers for a whole week, riding our bikes from site to site to observe and learn a little about our local history and geology. It sounded like a fun way to learn something new and keep my teaching certificate current. I would have canceled, but I had already paid for the class before I knew I'd be quitting my job.

That morning as I was leaving, Aaron was very sad. He didn't want me to leave but I knew he'd be fine with his dad for a few days. Over the next two days, he became more and more despondent until Dave decided to take him to the hospital. But this time he took him to a mental hospital in Portland where he spent nine nights in the adolescent ward.

The psychiatrist on staff evaluated him and determined that he had just the depression of bipolar disorder, or "uni-polar bipolar," along with psychosis; he gave him lithium twice a day along with a new anti-psychotic drug costing \$20.00 per pill. When we picked him up, he seemed so fragile but happy to be going home. We continued to see Dr. Ford even though the talking did little to help any of us. We continued Aaron on the drugs, again thankful for insurance. Dr. Ford was \$225.00 per

hour and just the anti-psychotic medicine alone was \$600.00 per month. The lithium wasn't very expensive because it's a naturally-occurring salt and cannot be patented.

Within days, the bill from the mental hospital arrived. It was \$20,000 plus more than \$2,500 in lab charges and another \$2,500 for the psychiatrist's fees. That was a shocker!

Once again we were back in the loop of psychiatrist visits and drugs to control our child's symptoms. Still, no one knew what could be causing his mental illness. Dr. Ford said, "It's probably genetic."

September, 2003

Having returned to his alternative high school, Aaron was not doing well. He had no motivation to do anything with his life except stay in bed until noon or two or three. Searching his room, I found pipes used to smoke marijuana. I lectured him; I grounded him. It didn't do any good. I tried to get him to take his medication, but Dr. Ford said it was Aaron's responsibility, not mine, that he needed to learn how to take care of himself without my help. It was hard but I did my best to just back off. I tried not to remind him but often did so anyway. Trying to get him to take his vitamins three times a day was an exercise in frustration. I was lucky to get him to take even one dose a day.

October

I began searching the internet for a lab that could do pyroluria testing because the lab I had used for Eric back in 1996 had gone out of business. I finally found one! It's in Wichita, Kansas.

To add to the good news, as I arranged for Aaron to be tested for pyroluria, I learned that the test no longer requires a 24-hour urine collection! It only takes one urine sample! How easy is that!? I decided I might as well have Eric tested again—and myself, too.

Early November

The doctor's office called with Aaron's pyroluria test results: his score was a staggering 367. (Remember, anything over 20 indicates the person can begin to show symptoms of mental illness.) Of course, it was tremendously upsetting to learn his score was so high. In some ways, it was a relief to know what the root problem is and how to treat it, but I also know that the treatment isn't one-hundred percent successful. I don't know what the percentage is, but I worried Aaron would be one of the unlucky ones, spending the rest of his life in a mental hospital or living on the streets with the other mentally ill people. Thanks to policy changes during President Reagan's administration, we no longer fund enough hospitals for the mentally ill. Many are left homeless, wandering the streets, living their lives at the mercy of the weather and the thugs who get their kicks beating them up.



The B-Dependent Family

CHAPTER 11

With a family like mine, it's no wonder I have so few relatives. No grandparents, no aunts, uncles or cousins. Please allow me to tell you a little about my family tree, not because we're all that interesting but because I know there are families with similar problems who may be helped by our experiences.

My grandmother, Alice, died a few months after the 1929 stock market crash when she suffered what they used to call a "nervous breakdown." She was simply out of her mind.

She had two daughters, Gladys and Edith. As mentioned earlier, Gladys was born with cerebral palsy; Alice hired a full-time nurse to care for her. Though Gladys had normal intelligence, she became increasingly depressed. After being placed in a state mental institution in her thirties, she hung herself.

My mother, Edith, hyperactive as a child, was first committed to a mental hospital at the age of twelve. In addition to employing a full-time nurse, the family had a live-in housekeeper as well; she was able to help Alice keep an eye on little Edith. Over the years, she was able to function fairly well but stressful events would bring on "nervous breakdowns." At those times she became completely out of touch with reality, whether it was due to a divorce from my father, President Kennedy's assassination, or bankruptcy.

My mother had the misfortune of trusting absolutely everybody, while at the same time, being paranoid of the government

and communists. She married a slick, con artist whom she met at a party in New York (my father) who only wanted one thing: her money. Though he already had four children, we became his second of (at last count) five families he started. Their divorce was a stressor that sent my mother into another mental hospital.

Over the years, she remarried a kind man and opened a laundromat and dry cleaning business. With outlandish views on the government and religion she freely espoused to her customers, business dropped off. But that didn't stop her from constantly writing checks to a large number of charities. She was forced into bankruptcy and back into a mental hospital. Unable to pay the rent, we were fortunate to be invited to live with an elderly woman from our church. Once back home, she divorced my step-father. Finding a job as a nurse's aid, she was able to minimally support herself, Beth, and me. With terribly low self-esteem, she said she felt fortunate that anyone would hire her, even at minimum wage. She never received a penny of child support from the gold-digger. Things were different back then; fathers could get away with that.

When Beth and I were grown and married, we sure didn't think we'd pass any mental problems on to our children. Neither of us had any. We thought all of our mother's problems were brought on by herself and her poor judgment in life.

But here was Eric, just as hyperactive as my mother was at a young age. Then Aaron began to exhibit a serious mental problem at twelve, just like my mother. Beth's children have no mental problems and have never even been to a therapist.

What happened? Why both of my children?

A few years ago as I was talking to Beth on the phone, she mentioned that she had finally found a remedy for the "pins and needles" type of tingling she had felt for years in her feet, almost daily. The treatment? Just a B-50 capsule, once or twice a day.

I remembered how Aaron, until he was about eight, had suffered from chronic chapped lips, often so chapped that he would end up with cracks in the corners of his mouth. A daily B-50 capsule cleared it up within days.

The more I read on nutrition, the more a pattern seemed to be emerging: we are not getting enough B vitamins out of our food. Time after time, over the course of many years, members of my family have had problems that disappear when we take extra Bs.

According to Ruth Adams in *The B-6 Book*, the following problems we've had on my mother's side of the family are all attributable to a B-6 deficiency. However, keep in mind that symptoms such as anxiety or depression aren't always caused by this deficiency. (Those marked with an asterisk are discussed in greater detail, below):

- | | |
|---|--------------------------------------|
| 1. Pins and needles feeling in feet | Beth |
| 2. Carpal tunnel syndrome* | Linda |
| 3. Kidney stones | Linda |
| 4. Slow physical growth as a child | Mark (Beth's son) |
| 5. Poor, or no, dream recall | Edith |
| 6. Low resistance to infections* | Linda, Alice |
| 7. Anxiety | Linda |
| 8. Depression | Gladys, Edith,
Linda, Aaron |
| 9. Chronic chapped lips and bleeding
in corners of mouth | Aaron |
| 10. Baby holding breath until he
turns blue* | Eric, Janelle |
| 11. Hyperactivity | Edith, Eric |
| 12. Acrodynia* | Beth, Eric, Aaron |
| 13. Mental illness | Alice, Gladys,
Edith, Eric, Aaron |

*2. Carpal Tunnel Syndrome: (CTS)

Most of the literature and discussion on CTS centers around the fact that it results from someone doing a repetitive movement such as typing or scanning groceries. But women can also get CTS from pregnancy, which is how mine developed. I was pregnant with Aaron and my hands one day just suddenly began to feel tingly, like pins and needles. I had no idea what it was and once my hands became somewhat numb, I didn't notice much of a problem except that I dropped things a lot.

A doctor eventually tested me and determined that I had CTS but, after physical therapy on both hands and surgery on my right hand, they are still a little numb, as they have been for over seventeen years.

According to *The B-6 Book*, CTS can be caused by a lack of both B-2 and B-6. Now, if that's true, the whole CTS process, including the surgery and physical therapy, could have been avoided if I had had enough B vitamins during my pregnancy. I did take the prenatal vitamins; they just weren't enough.

What happened to the baby I was carrying when my body tried to tell me I was deficient in B vitamins? He has had indications of vitamin B deficiencies himself, from chronic chapped lips to acrodynia, pyroluria and depression.

Had I known before I became pregnant that my body has a requirement for way more vitamin B than I can get even from prenatal vitamins, I could have easily taken them and avoided these problems. But I didn't know about my need for huge amounts of B vitamins. To add insult to injury, I trusted doctors who told me, "Americans get all the vitamins and minerals they need from the average American diet." They didn't know about my unique, biochemical needs; they still don't know what the symptoms mean. They're not biochemists; they are experts on

drugs in order to treat you after the problem occurs.

My insurance company spent a small fortune on my hand surgery and physical therapy, then Aaron's depression, all the therapists he's been to over the years, as well as a nine-night stay at the mental hospital. The expenses have added up to well over forty-thousand dollars. The reality is that it all could have been avoided with a few dollars' worth of B vitamins.

How many other mothers will experience the feeling of pins and needles in their hands during a pregnancy and then have a child with mental problems such as pyroluria, depression, bipolar disorder, or schizophrenia? If even one pregnant woman reads this, follows my advice, and avoids these problems, then all the effort I've put into writing this book will be well worth it.

***6. Low resistance to infections.**

For more than thirty years, I have suffered from minor, chronic bacterial infections. It was a real eye opener to read that a lack of B-6 can lower one's immunity to infections. My dermatologist offered to run some tests on my immune system to see if it really is a problem or not, but I declined. When I told her I would rather just take the B-6 and see if it works, she scoffed at the idea. But I don't care if she agrees with me or not. By being the guinea pig for my own little science experiment, I might save my insurance company several hundred dollars but, more importantly, I'll answer the question for myself: Does it work or not?

And why should I bother with all this? Wouldn't it be easier just to do what I'm told? I'll tell you why. One of the bacterial infections I have is in my gums, causing rapid plaque buildup, which means I have to get my teeth cleaned every two months. It gets expensive and time-consuming to go sit in the dentist chair so frequently. (Plus, it hurts.) In addition, the skin infec-

tion I've had for thirteen years can only be kept under control with a drug known to cause liver damage. I take it only as a last resort because I haven't yet found what is causing the infection.

What do I have to lose by taking a high dose of B-6? Nothing! Several doctors and researchers, including the late Dr. Atkins, in his book, *The Vita-Nutrient Solution*, recommend B-6 (as well as vitamin C) for chronic bacterial infections and other problems. By the way, whether you are for or against his famous weight-loss diet, Dr. Atkins' book is a wealth of valuable information for safeguarding your health.

Scientists have always maintained that cerebral palsy is caused by not getting oxygen to the brain fast enough during delivery. But in March, 2004, researchers announced that their study shows that cerebral palsy may be caused by a bacteria that settles in the uterus during pregnancy. If so, does that mean that other families like mine, who need extra B-6, have more cases of cerebral palsy than other families? Is it possible that the real cause of cerebral palsy is a severe deficiency of B6?

*10. Baby holding his breath until he turns blue

According to *The Vitamin B-6 Book*:

One pediatrician has reported that for 10 years he has been treating breath-holding spells with 40 milligrams of pyridoxine [B-6] a day for children up to 2 years old, 40 mg twice a day for older children, for a period of one month. He has gotten, he says, excellent results. He reported in a study printed in a professional journal on child neurology that he believes that there may be a definite metabolic disorder in children who have these breath-holding spells. This disorder seems to arise from

a deficiency of pyridoxine. Giving the vitamin stops the breath-holding tendency because it corrects the metabolic disorder.

Not only did Eric have this problem, but his pediatrician advised us that it is a known predictor of a future volatile temper.

My granddaughter, Janelle, (Eric's daughter) has already had breath-holding spells until she turned blue and is now on the B-6 treatment. She is getting two teaspoons of liquid vitamin B complex, rich in B-6. Maybe we can correct her metabolic disturbance of B-6 before it has a chance to do any kind of damage. Maybe she'll need to take extra B vitamins for the rest of her life. Either way, it's pretty easy. She is already a much happier baby. I wish I could help all the other B-6 dependent babies out there.

*12. *Acrodynia*

"This is a disorder involving extreme irritability alternating with periods of apathy, lack of appetite, pink itching feet, profuse sweating, rapid heartbeat, high blood pressure and often flaking skin on feet." (*The Vitamin B-6 Book*) Except for the high blood pressure, Aaron has had all of these symptoms. He suffered from profuse sweating for years along with the flaking skin on his feet. He was sometimes very irritable, and at other times depressed and apathetic. He had a loss of appetite long enough to cause him to lose nearly thirty pounds. Then, when he was no longer mentally well, he was diagnosed "bipolar with psychosis."

Aaron was showing other signs of a severe B-6 deficiency in addition to having pyroluria.

When you go to a psychiatrist with this "extreme irritability alternating with periods of apathy," what is a likely

diagnosis? Bipolar disorder.

Besides these symptoms experienced by my own family members, there are other symptoms of a B-6 deficiency as well, such as babies suffering from convulsions or autism, or adults with edema, Heberden's Nodes, and homocysteine, among many others. So, if you have any of these symptoms, I would highly recommend you read more about B-6.

When babies have convulsions, aren't they usually diagnosed with epilepsy? Doesn't it seem logical that any baby that has convulsions first be treated for a B-6 deficiency instead of calling it epilepsy and prescribing a drug to just control it?

We're a wealthy country, with the resources to provide for the best healthcare in human history. But one look around you will prove that we have anything but excellent healthcare in this country.



ADHD and Genetics

CHAPTER 12

When I asked Eric's doctor what caused ADHD, he shrugged and said that no one knew, that it was "probably genetic."

How do other parents feel when they hear it's all due to "genetics?" I felt sick to my stomach. It just felt like it was the end of all hope and that I was totally powerless because everyone knows that people cannot change their genetic makeup. We're all just stuck with whatever our genes dish out to us. End of story. Learn to live with it. It was just so discouraging, so depressing to be powerless to help someone I loved so much.

But as I read more books by Dr. Hoffer and other biochemists, it became apparent that there was a huge flaw in the argument for genetics being the cause of ADHD, or many other illnesses for that matter. The flaw is the enormous, elephant-sized piece of the puzzle that all of our doctors completely left out.

It is this: *How* do genes cause an illness to take place? They sure don't take out a megaphone and yell at all the cells to line up in a certain formation. They don't send out a memo because cells can't read English! Ha ha. So, how do the genes communicate and cause things to happen? Once you start reading about it, the answer becomes quite clear: genes use chemicals and tiny electrical impulses to communicate with the cells. That's how your whole body operates. What are these chemi-

cals? I can tell you one thing for certain: they are 100 percent natural. Not one of them is synthetic. Your body manufactures them itself from the food you put in your mouth. The human body is probably the most amazing chemical factory you could ever imagine and, at any given time, is involved in thousands of chemical processes. All at one time! And we're not even aware of it. Even our emotions trigger chemical changes. If we feel sad, our bodies manufacture and send all kinds of electrical and chemical messages around to the cells to cause water to come out of your eyes as tears, or for your stomach to suddenly feel upset, or for your heart to begin to pound. It's all done with natural *bio*-chemicals and electrical impulses.

A word of caution here, though. I've seen numerous ads on television proclaiming that some drug is what you need for a "chemical imbalance" in your body and this company has just the right—patented—chemical for you.

But you don't really have a *chemical* imbalance; you have a *bio*-chemical imbalance. And there's a world of difference. Drug companies manufacture chemicals. Your body manufactures *bio*-chemicals. In this book, when I use the term *chemical* to describe the processes your body is involved in, I am talking about natural, *biochemical* processes. Drug companies are not. They're talking about the chemicals manufactured in their laboratories and which they have formally patented.

If your body has all the natural chemicals it needs, it is more likely to be both physically and mentally well. If it has too many of these natural chemicals, it is an expert at getting rid of them in the urine, feces, sweat, or out of membranes such as your nose or eyes. However, there are a couple of vitamins, such as vitamins E and A, that can be harmful when taken in large amounts so be sure to check with your nutritionally-oriented doctor before you begin treatment. Minerals, in large amounts, can also cause problems, so stay with amounts in the normal range unless your doctor recommends more.

The real problem often begins when an individual is not getting enough, or the right balanced combination and quantity, of a nutrient he or she needs.

To say that ADHD is caused by genetics is really missing the point. Genes determine a person's need for a certain amount of nutrients. If the need is not met, that is often when a disorder like ADHD emerges.

If you believe your AMA-sanctioned doctor who tells you, "Americans get all the nutrients they need from the average diet," then you are doomed to a life dependent upon doctors and synthetic drugs. For more than fifty years, the AMA has steadfastly claimed that people have been getting all the nutrients they need to stay healthy and that vitamins are a waste of money.

This simplistic conclusion underestimates the impact of highly processed, vitamin-depleted foods, genetically modified foods, and even generally recognized nutritionally poor eating habits.

As early as 1977, orthomolecular medical specialists were identifying nutritional deficiencies in our diets. The following is an excerpt from *A Physician's Handbook on Orthomolecular Medicine*:

Most of the vitamins and minerals, which are concentrated in germ and bran to supply the needs of the growing seed until its roots can be established in the soil, are removed from the flour. Some 24 bulk and trace elements and vitamins are depleted to the extent of 40 to 96 percent of the amounts in whole wheat; four (thiamin, riboflavin, nicotinic acid, and iron) are returned to the flour, which is then called "enriched"...

There are four vitamins of concern, which are depleted in white flour and not restored. Some 50 percent of the pantothenic acid (B-5), 66.7 percent of the

folic acid, 71.8 percent of the pyridoxine (B-6) and 86.3 percent of the tocopherol (Vitamin E) are removed. Applying our yardstick, flour contains one-fourth of the requirement of B-6.

Vitamin B-6 was depleted in all of the 12 canned vegetables to levels less than half the minimal requirement and in 7 of 10 canned fish and all of 19 frozen vegetables to less than the minimal requirement...

...of 552 foods analyzed in the study, few contained enough B-6 "indicating the virtual impossibility of providing the requirements of pregnancy in a well-rounded diet." (Henry A. Schroeder, "Micronutrient Deficiencies in Major Sources of Calories," also in *A Physician's Handbook on Orthomolecular Medicine*)

Most of all, the AMA's conclusion does not take into account: **We are each biochemically unique.**

Decades ago Dr. Roger Williams, a renowned scientist at the University of Texas, made a career of studying vitamins and their effects on human biochemistry. Being an expert on the B family of vitamins, he discovered B-5, also known as "panthothenic acid."

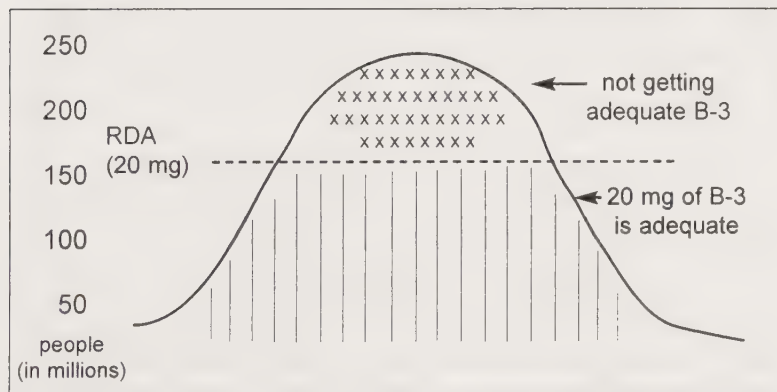
But Dr. Williams was also responsible for something even more important, something that, to me, seems outright fundamental in any person's quest for health: Dr. Williams proved that every human being has a unique biochemistry—and, in fact, it is as unique as his or her fingerprints. No two humans are exactly alike. So, while Bob may need just 10 mg of B-3 daily, George needs 800 mg and Betty needs 150 mg. And so it goes for each and every vitamin and mineral that make up a human's biochemistry. It's the same story for all those other nutrients, too, such as fatty acids, and amino acids (protein). Each of us is truly unique.

The U.S. government has all kinds of tables and graphs showing how much the typical American needs of any given nutrient on a daily basis, also known as the “Recommended Daily Allowance,” or “RDA.” It is supposed to be the minimum amount we need to remain free of major disease.

The problem is, of course, that they’re only keeping us from the worst and most obvious diseases, such as scurvy or rickets. They’re not keeping us from getting thousands of other diseases, including ADHD, schizophrenia, or frequent bacterial infections, to name just a few. To add to the problem, the government may require processed food to be “enriched” but they only require that processors put back in a few of the many nutrients processed out. Unfortunately, B-6 is not one of them.

To put it a different way, the RDA of a nutrient is plenty for some people, barely enough for others, and horribly inadequate for others. This bell curve may help you to see what I mean more clearly:

B-3



Let’s say the RDA for B-3 is 20 mg a day, as shown by the dotted line. The line hits at a level of 150 million people. That means that 20 mg of B-3 is adequate for everyone at, or below, that line. But what about those of us who reside above the line?

We're not getting enough B-3 every day to be healthy. But how do we even know we're deficient? We certainly don't have anyone helping us find out if we are at the top of the scale or not. Nor are our doctors trained to recognize the B-3 deficiency diseases such as pellagra or pyroluria. The consequences are not simply problems like eczema or dull hair. We get mental problems ranging from slight anxiety to ADHD-like symptoms to full-blown schizophrenia. Needless to say, the stakes are high. What a sad and grossly inadequate "healthcare" system we have that overlooks something so obvious.

Your genes determine your unique needs for each vitamin, mineral and other nutrients that make up the human body—in other words, your unique biochemistry. You will suffer physically and/or mentally if your needs are not met. Do you see how calling ADHD a "genetic" problem is really missing the point?

It is understanding this concept that makes it possible to see how we could end up with a mental disorder while other people, say our next-door neighbors, might have generation after generation suffering from something else, such as arthritis or ovarian cancer. It's often not really genetic. It is succeeding generations predisposed to having a greater-than-average need of a nutrient, but not getting it.

As for my family, the typical American diet is not even close to what we need in the way of B vitamins in order to remain healthy. We're probably close to the top of the bell curve not only for B-6 but for the other B vitamins as well.

The Ness Foundation in Great Britain is in the process of developing a patch that you can simply put on your skin which will tell you if you are getting enough B-3 or not. Why are they doing this? Because they know very well that this deficiency can cause schizophrenia, which, in turn, causes huge problems for the community. You can read about it at www.Ness-foundation.org.uk

Study after study shows that very few Americans get even the RDA of any given nutrient. Only 15 percent of us get the RDA of magnesium every day. What if those people are at the top of the bell curve themselves for magnesium? They're still not getting enough! Eric slept better with more magnesium in his diet. I wonder what other problems are caused by this deficiency.

Dr. Barry Sears, author of *The Zone* and other books, holds several patents on drug delivery systems from his days of working as a researcher for a drug company. If anyone knows how to get a chemical into someone's bloodstream, it's Dr. Sears. He's an intelligent man who knows human biochemistry like some of us know our own phone numbers. So, when he says, "Food is the most powerful drug you will ever take," I listen. He also states, "Every time you eat, you are affecting your own biochemistry for the next four to six hours." That's big—and so empowering to have such control over my own biochemistry.

We are a nation of physically and mentally malnourished people. It is no coincidence that a wide array of physical and mental problems have skyrocketed in this country since about the end of World War II. Since that time, our food is more likely to be refined, colored, injected with chemicals and processed beyond recognition. Our vegetables are grown in soils that have been depleted of most of their vitamins and minerals—for decades. Then our food is sprayed with chemicals to keep it looking fresh. Or it is so processed that it can sit for years on the store shelf. The box declares the contents have been "Enriched!" Consider the following quotation by Dr. Hoffer in his book, *Putting It All Together*:

...the technological change from home ground whole wheat flour to the commercial white loaf removed a wholesome food, able by itself to sustain life. The nutri-

tionally valuable bread was replaced with an easily marketable, palatable product designed to be “taste tempting,” not to maintain health by providing sound nutrition. Food technologists may then replace only a few of the multnutritional substances removed and then label their product “enriched.” This is the same as being held up at gunpoint on a dark street and ordered to strip naked. The thief takes your clothes and valuables, notices your shivering embarrassment, then returns your underwear and \$1.50 to take the bus home. Do you then feel enriched?

Laws of Nature

As my mother used to say, “If you think you can defy the laws of nature, you’re a fool. If you think you can just ignore them and pretend they don’t exist, you’re still a fool. These forces will take place whether you know about them or not. So learn them. Learn how to work with them because that’s how you harness their power. Or don’t, and pay the price. It’s up to you,” she used to say.

Any time we use patented, synthetic drugs to control illness, we’re tampering with the laws of nature. The human body is 100 percent natural. It is a product of the Earth and is made of the exact same ingredients. When we die, we become Earth once again. Our bodies were never intended as a repository for synthetic substances. Sometimes, a drug is made from a natural substance, such as zinc, to which something synthetic is added because zinc cannot be patented. Side effects are the body’s reaction to the synthetic part of the drug. Recently, for example, a number of patients using “Strattera” for their ADHD symptoms have reported “brain sparks.”

Needless to say, there are exceptions when we may need

treatment with synthetic products, when natural treatments are not available or viable. However, in general it has been my experience that it makes much better sense to see my child as part of nature. Any physical or mental problem he is having is his body's way of talking; it is showing him (and me), in its own language, what his body is lacking. Whether I learn to read the signals or not, they are still there. I can give him drugs and cover up the symptoms, or I can learn to understand nature's laws and nature's language and give his body what it is asking for. To me, it simply makes much more sense to work with Mother Nature rather than against her because I know how powerful she is. I'm (finally) smart enough to know better than to try to fight her.

Drugs will cover up the symptoms like a band-aid, while the body's message is ignored. Then ignoring the message forces the body to "talk" louder; to "yell" in its own way, namely a worsening of the condition. Sometimes the condition even changes form, always for the worse, until it gets the attention it needs. Adult-onset (or Type II) diabetes is a striking example: ignore the danger signs of too little chromium and too many carbohydrates in your diet until you have hyperinsulinemia. Then ignore that until you need to take insulin shots. Ignore that until you become blind or have to have your foot amputated. Couldn't you have paid attention to what your body was saying in the beginning and avoided the whole process?

What is your brain saying to you when it is unable to focus or pay attention for very long? Isn't it saying that there's something it needs that it is not getting?

I had to learn the hard way that my mother was right. I was giving my child drugs to cover up his real problems: pellagra, pyroluria, and headaches. These were ways in which his brain was screaming for attention. I was ignorant of the fact that he had a greater-than-average need for certain vitamins and minerals.



A Mom's Strategies for Overcoming ADHD

CHAPTER 13

In a nutshell, there are at least five possible causes of your child's ADHD. As you read about these things and unravel the clues, please be patient! Unlike drugs, which can start to work within minutes, correcting a biochemical imbalance takes time! You may see positive results within a few days. You will probably see some results after four or five weeks. But don't give up on any natural treatment until you've given it at least six months.

It will help to find a nutritionally-oriented doctor or naturopathic doctor who will work with you.

I suggest you follow these steps.

Step 1: Have Testing Done

1. Pyroluria ("kp"):

There is no minimum age for a urine test of kp to be valid. I had our local LabCorp, also known as Dyna-Care handle the test. They have kp listed in their catalog as "pyroluria" even though their abbreviation for it is still "kp." You may have a branch of this lab in your area. They don't do the actual testing; they just help you collect the urine sample.

You can also call the Bio Center Lab in Wichita, Kansas at 1-800-494-7785 or the Pfeiffer Lab in Warrenville, Illinois at (630) 505-0300 and work with either lab directly.

The Bio-Center Lab, which I have used, no longer requires a doctor's signature to have a kp test done. You can call them directly for a lab form and test kit, which includes a specimen tube into which they have already added 500 mg of pure, natural vitamin C as a preservative. Also included is a freezer pack, a plastic bag in which to place the tube of urine in case of leakage, and a styrofoam box.

Their instructions say, "If this is the first time you are testing for kp, discontinue vitamin B-6 and zinc one week before collecting the specimen. If under treatment for pyroluria, continue taking B-6 and zinc."

Write the patient's name on the tube as well as the date and time of collection. Collect the urine. If it is too difficult to use the narrow tube, you may use another clean container, such as a paper cup, to collect the urine and then pour it into the tube. You should fill the cup about two-thirds full, even though the minimum amount needed is just 2 mL, about ½ teaspoon. They prefer the larger amount in case the test needs to be re-done. Gently shake the tube to mix the urine with the vitamin C and place in the freezer. If the tube is not amber-colored, cover it with aluminum foil to protect it from sunlight. (Sunlight will harm the specimen, making the test inaccurate.)

Fill out the Bio-Center form with the patient's name, address, etc. and look in the bottom right-hand corner under "Urine" tests. Circle or put a checkmark by the word "pyrroles."

Allow the urine to freeze overnight, then pack it carefully with the frozen pak in the styrofoam box and include the form and a check for the lab fee (currently \$50.00). Mail the package overnight air, but be aware that the U.S. Postal Service may not accept it. Some postal clerks have told me they won't ship urine while others accept it without a problem. I've never had a urine specimen denied by FedEx, but you may want to call them first. Currently, the cost of overnight air at the post office

is under \$20.00 and FedEx is around \$27.00. Of course, the costs will vary depending upon where you live.

Important to note: The Bio-Center Lab only accepts urine specimens Monday through Friday. You don't want to ship a specimen on Thursday unless you're positive it will arrive well before closing time on Friday or it will sit there all weekend long, thawing out, and invalidating the test results. I always try to ship no later than Wednesday to be on the safe side.

Results should be sent to you within two weeks. Your insurance may only cover this test if it is ordered by your doctor and/or you go through your local lab.

If you have any questions about this test, don't hesitate to call the Bio-Center Lab and ask for the lab manager or director. They have been doing this test for twenty-nine years and know a lot about it.

2. Pellagra

Your child's level of B-3 can be tested but it costs hundreds of dollars. I did not have Eric tested and, instead, just gave him supplemental B-3 and adequate protein.

3. Hair analysis or blood test:

A medical doctor can order a blood test to determine the levels of metals and minerals, or you can see a naturopathic doctor for a hair analysis. He will take a sample of your child's hair right there in his office and will send it to a lab for analysis to determine his or her level of minerals, including the trace minerals. The analysis will also tell you if he has toxins in his body, such as lead or arsenic. While certain minerals, such as copper and mercury, are necessary for good health, people can have too much of them in their body, enough to be toxic.

Until the middle of the 1900s, mercury was used in the process of making fur hats. So many milliners, or hat-makers, went insane from the mercury vapors that they came to be

known as the “mad-hatters.” (That is where the term originated.) A hair analysis can tell you if your child is suffering from mercury poisoning.

You should be aware that most medical doctors do not believe in hair analysis as a bona fide method of testing and will tell you it’s “quackery.” Apparently, they are not aware that hair analysis has been used for decades by the United Nations Environmental Program for checking the effects of pollution on people all over the world. It is also used by the Atomic Energy Agency, the Health Recovery Center in Minnesota, and many others.

I think this test was valuable in getting Eric well again. The results showed me what should have been obvious: Eric’s typical American diet was woefully lacking in nutrients. He did not have healthy levels of any of them.

Another mom had her ADHD son tested and discovered he had arsenic in his body; a test of their well showed that wasn’t the source. The culprit was probably his school playground, which was built with wood treated with “CCA,” a commonly used wood preservative which stands for “Chromium, Copper, and Arsenic.” After being exposed to the weather long enough, the arsenic leaches out of the wood and onto the hands and bodies of children playing on it.

4. IgE Allergy Test:

Ask your doctor for this blood test. It requires a blood draw, which can usually be done right at the naturopathic doctor’s office. The IgE tests for about 110 different food allergies and sensitivities. Typical allergy specialists who give the skin patch allergy tests claim that the IgE test is invalid because it gives too many false positives. Proponents of the IgE test argue that it is accurate and that the skin patch tests are just superficial. These experts are going to be arguing over whose test is better until you and I are both in our graves so, in the

meantime, I have chosen to use what my naturopathic doctor recommends: the IgE test. It has made us aware of Eric's sensitivities to wheat, eggs, dairy products, peanuts, and other foods.

Please note: According to *The B-6 Book* by Ruth Adams, as well as Dr. Atkins' *Vita-Nutrient Solution*, being allergic to many, many things can be a sign of B-6 deficiency.

It was too hard for me to take out all the offending foods from Eric's diet so I just did my best and tried to keep out the worst ones. In the meantime, I gave Eric 600-800 mg of B-6 daily.

5. Omega-3 Fatty Acids:

As far as I know, there is no test for checking the body's level of these fats.

Step 2: Focus on Protein

As you wait for test results, give your child adequate protein if you're not already doing so. Get rid of that sugar-coated, brightly-colored cereal and replace it with old-fashioned (not instant) oatmeal, or eggs, or some other nutritious food for breakfast. Make sure he has protein at all three meals plus a little bit for snacks. Give him a teaspoon of peanut butter or a piece of cheese or beef jerky at bedtime before he brushes his teeth. There are many protein sources to choose from.

Step 3. Learn more about supplements

Vitamin B-3:

You must be aware that B-3 has four different names and comes in two forms:

One form is called either nicotinic acid or niacin.

The other form is called nicotinamide or niacinamide. Note that both names for this form of B-3 end in “amide.”

Both forms are B-3 but it is the niacin form that causes the face to get hot and turn red. It’s called a “niacin flush.” It’s not the least bit harmful but some people find it uncomfortable. It can be nauseating at higher doses such as what Dr. Hoffer prescribes. You can buy niacin combined with inositol, which prevents the flushing and nausea. Karuna Labs makes a capsule called “Niaplex,” which they sell to doctors (both medical and naturopathic) only. It works very well and is what I first used for Eric but be aware that it is several times more expensive than the amide forms of B-3. After two months or so I switched to the cheaper amide form.

The niacin flush is real. Even though I had read a great deal about this reaction to niacin, I wasn’t prepared for the intensity of it when I started taking it myself. I started slowly, with just a 100 mg tablet of niacin after meals, working up to four tablets twice a day. About fifteen minutes after taking just one 500 mg capsule of niacin, I felt a strange heat in my face that soon spread down my neck, chest, and arms. Then my ears started pounding. The heat felt like my body was on fire and had I not known about the “flush,” it would have been a little unsettling. Eventually, the intense heat spread clear down to the tips of my toes and, when it finally subsided after about fifteen minutes, it left my body feeling a mild tingling sensation, followed by a little itching. The whole process lasted about thirty minutes. If you keep taking niacin, this effect diminishes and eventually disappears. And, remember, it is harmless but if it bothers you, take it with inositol or take niacinamide instead.

By the way, niacin (but not niacinamide) has been found to be useful in treating high cholesterol. I’ve switched from the amide form to niacin due to my borderline high cholesterol at my last physical. In his book, *Smart Nutrients*, Dr. Hoffer has written that niacin is also useful in preventing senility and

Alzheimer's as well as other disorders.

Dr. Hoffer gives people, especially children, the niacinamide form to avoid the flush. Be aware though, that about one person in a hundred experiences the flush even with the amide form.

Timed-release niacin: Dr. Hoffer approves of this form and uses it much as he would regular niacin. It may cause the skin to flush.

Any time you take one of the B vitamins, you need to take the entire B-Complex because they all work together. That's why Eric was also getting a B-100 capsule once or twice a day.

Vitamins are best taken right after a meal or snack. These higher doses of the B vitamins can cause some nausea so it is best not to take them on an empty stomach. If an individual cannot tolerate a dose in the morning, even after eating breakfast, then give three doses later in the day.

Vitamin B-6, also known as "pyridoxine"

The literature indicates that an adult should never take more than 1,000 mg (1 gram) of B-6 daily, except under the advice of a doctor well educated in natural treatments. Requirements and guidelines for children may dictate smaller doses, so be sure to work with your doctor before beginning treatment.

Please understand that I advocate taking fairly low amounts of these B vitamins simply because I'm not a doctor. Higher amounts are often needed but, if that's the case, it should be decided by an expert.

Caution is always paramount. *The Vitamin B-6 Book*, rightly asks the question: "Can you get too much pyridoxine (B-6)? Well, Kutsky states that there is 'limited toxicity.' Human beings have shown disturbing symptoms when they were getting 3 grams per kilogram of weight. This means that a 150-pound man would have to take 225 grams of pyridoxine

before he would show signs of getting too much. Since pyridoxine is measured out in pills consisting of milligrams, which are thousandths of a gram, it is easy to see that it would be almost impossible for anyone to show signs of toxicity from taking even very large doses of this water-soluble vitamin.”

According to Dr. Hoffer, B-6 has been known to increase hyperactivity in children unless it is given with magnesium. I have noticed, personally, that when I take 200 mg of B-6 in the evening, it has the same effect as drinking a cup of coffee right before bedtime. I must take at least 100 mg of magnesium with it if I want to get to sleep easily. Your child may need more or less magnesium.

As with B-3, it may cause nausea, especially early in the day.

Please listen to your child. If he or she says the vitamins are making him sick, give them later in the day, preferably with meals.

Shopping around for vitamins, I did find a brand of B-6 that had 300 mg all in one, small tablet. So we use those, instead of capsules, because I trust the manufacturer. They seem to break down quite easily, often beginning to dissolve while they are still in my mouth.

Other forms of B Vitamins:

- Nasal form of B Vitamins: I don't know enough about these to know how effective they are.
- Vitamin B injections are approved by Dr. Hoffer, but not in the initial stages of treatment. They're generally viewed as acceptable later on, after your pyroluria score has been lowered. Injections should include: B-Complex, B-3, folic Acid, B-6, and B-12

The only problem with injections is that the “B-Complex”

I've looked at doesn't really have all the different B vitamins in it.

The amount and frequency of these injections is a clinical decision based on individual needs. Eric's injections determined by his unique profile by our naturopathic doctor consisted of the following:

1 cc B-Complex

½ cc B-3

½ cc folic acid

½ cc B-6

1 cc B-12

Step 4: Begin Slowly

Once all the testing is done, you can get an early start on the vitamin treatment if you want to, but you should do so only under the care of a naturopathic doctor or other doctor with true expertise in natural treatments. If you are someone who is already on a medication, do not stop taking it. You must take the time to find the right doctor to work with you on correcting your underlying biochemical imbalance first and help you to gradually determine whether or to what extent the drugs are recommended. Some people have been able to wean themselves off the drugs completely, while others have reduced their need for them.

As I said earlier, I started Eric on Dr. Hoffer's recommendation for children with learning and/or behavioral difficulties: 500 to 1,000 mg of niacinamide and 1,000 mg of natural vitamin C. At the same time, I gave him what Dr. Pfeiffer recommended: 600 to 800 mg of B-6 and 50 mg of zinc. I also gave him a high-potency multivitamin (one without copper!) as well as a B-100 capsule or two every day. It was only a matter of days before Eric was on a full dose of both doctors' treatments.

One more thing: using 3 grams of B-3 and vitamin C is the amount Dr. Hoffer has found safe for everyone. In fact, he states that it is safe even for children. The 600 to 800 mg of B-6 recommended by Dr. Pfeiffer is also a very safe level. Many people need much more than this but to determine this, you will have to work with the right doctor.

Tablets or capsules? I used to tell people to always buy capsules, unless they were buying tablets directly from a naturopathic doctor or knew of a brand name they could trust because tablets are too often made with a glue-like substance holding them together so well that they won't even dissolve in the body. But then when I started taking all those capsules, I found them quite hard to swallow. So, if you can find tablets that start to break down right in your mouth and you trust the manufacturer, by all means, use those!

Also, be sure that the capsule does not contain artificial ingredients such as colors or flavors to which your child could be allergic.

Shop around for a good source of supplements. Naturopathic doctors almost always sell only the best brands. Sometimes their prices are not much more than any other store; other times they are much more expensive. The Health Recovery Center in Minneapolis sells high quality supplements. Information is available at 1-800-247-6237.

Use natural treatments correctly or you're just wasting your time. Read the books in the Bibliography. Buy the best quality supplements you can afford. Be patient. Get organized so that you have a system for remembering to give your child his or her vitamins on a regular basis, usually three times a day.

Here's a tip: I figured out Eric's vitamins for the next day and put them in a zip-lock sandwich bag labeled with a white, adhesive label, one for breakfast, one for lunch, and one for dinner. The breakfast dose, Eric said, was making him nau-

seous so, instead, I gave him a dose after school, then after dinner, and again before bed Monday through Friday. Weekends meant he would have them with a late breakfast, then lunch and dinner.

Always be careful so that you don't overdo it. Stay within the range recommended by your naturopathic doctor. For example, don't go over 50 mg of zinc daily for an adult, half that for a child under the age of twelve. Remember that zinc and copper need to be in balance with one another. If we don't get enough zinc, we can end up with too much copper. This is fairly common due to the prevalence of copper everywhere, especially in food. If we don't get enough copper, we can end up with too much zinc (although this problem is very rare.) And remember, your goal is to get everything back in balance.

Step 5. Develop a Strategy Based on Test Results

Pyroluria: If the pyroluria test is positive, the professional consensus is to treat it with B-3, B-6, vitamin C, and zinc. If the pyroluria score is in the normal range, I personally would still give a low dosage of the vitamins, because you don't know what the pyroluria will do in the future.

1. Treating pyroluria:

Over the last fifty years, Dr. Hoffer's treatment plan has changed. He used to recommend B-3 and vitamin C while Dr. Pfeiffer recommended B-6, zinc, and manganese. As I said earlier, I didn't know which guideline to follow, so I gave Eric all of the nutrients for six months. Dr. Hoffer has since combined these treatments and his standard daily treatment is as follows:

1,500 mg* B-3 (niacinamide form), in divided doses—usually 500 mg. 3 times per day

3,000 mg vitamin C, in divided doses

1 or 2 B-50 or B-100 capsules per day

600-800 mg B-6

50 mg. zinc

(He only prescribes manganese in some cases.)

*Note: 1,000 mg is the same as 1 gram (1 gr)

Give the vitamins (and minerals) right after meals, if you can. Dr. Hoffer has found that the above amounts are safe for children and pregnant women, too.

Being full of B vitamins, brewer's yeast is a good thing to add to your diet. Hide it in foods like meat loaf or casseroles if the taste bothers you. Both Eric and Aaron love popcorn with brewer's yeast flakes sprinkled on it.

Never give these vitamins or minerals with a glass of milk, as it interferes with absorption. Use juice or water.

If your child loves cheese or milk, that is often a sign he or she is allergic. Try removing it from his/her diet for a month. A dairy allergy is extremely common in cases of pyroluria.

The following chart is what I have used successfully, although you will want to consult with your doctor or health professional.

With after-school snack	With dinner	In evening or with snack before bed
B-50 (or 100)	50 mg zinc	B-50 (or 100)
B-3 (500 mg)	B-3 (500 mg)	B-3 (500 mg)
B-6 (200 mg)	B-6 (200 mg)	B-6 (200 mg)
Vitamin C (1 gram)	Vitamin C (1 gram)	Vitamin C (1 gram)

2. Treating pellagra:

If your test shows you (or your loved one) do not have pyroluria, it might still be pellagra. To my knowledge there is no lab test for this disease. Again, pellagra is caused by a deficiency of B-3 and protein, so these would be the needed supplements. You'll have to find out how much B-3 you need because everyone is different. Dr. Hoffer usually prescribes starting out with about 500 mg of niacinamide daily in divided doses. If you're an adult and think you could handle the "niacin flush," niacin can be taken instead, due to its ability to lower cholesterol levels. Be sure to get adequate protein.

Remember, the only way to distinguish pellagra from schizophrenia is by giving large doses of B-3. Dr. Hoffer has used up to 27 grams of B-3 for a patient but usually advises patients to work up to 3 grams of B-3 daily. If you follow this regimen, be sure to enlist the help of a physician or naturopathic doctor well educated in natural treatments for mental disorders. If you don't see results after four to six months, then increase the dosage one gram at a time, but only with your doctor's approval. If someone does not respond to the B-3, that means he either needs even larger amounts of it or his mental disorder has some other cause. The Pfeiffer Center and Bio-Center are two places where you could get more help. Also, there are several internet sites on this subject that can help you learn more. (See Additional Resources section.)

3. Treating a high copper level:

If the hair analysis shows a copper level that is abnormally high, this is an important piece of the puzzle. (Eric's was normal, even though he had white marks on his fingernails, which indicate a deficiency of zinc. Remember, zinc and copper are supposed to be in balance; too little zinc generally means too much copper.) Elevated copper is one of the known

causes of schizophrenia and childhood behavioral disorders. Look at your child's fingernails: white spots or lines (not caused by injury) are a definite indication of zinc deficiency.

People who test positive for pyroluria usually have normal copper levels.

A high copper level can be brought down by increasing the zinc in his or her diet. If you have this condition and live in a house with new copper plumbing, I would use bottled water for drinking and cooking. My understanding is that after a while, the copper pipes become covered with the minerals in the water so it's not such a problem.

Be sure to check that your multiple vitamin does not contain copper.

4. Treating allergies:

ALLERGIES TO FOOD

If your child tests positive for pyroluria, high copper or other biochemical imbalance and also has allergies, I would try to treat one disorder at a time. Take things one step at a time so that you don't feel overwhelmed. When your child's behavior has calmed down after using the vitamins and minerals for three months or so, then you might want to address the allergies or vice versa. It would not have done us much good to know about Eric's allergies in the beginning of treatment because his attitude and behavior were so outrageous, so often, that an allergic response could never have been distinguished from his normal behavior. So I chose to begin by treating the pyroluria.

If your child does not have pyroluria, high copper, low zinc or other mineral deficiency, but did test positive for allergies, by all means address this problem as soon as possible.

ALLERGIES TO ADDITIVES AND INHALANTS

Anything I could say here would be better explained by the Feingold Association at (703) 768-3287, reading their books,

or finding their information online. Also, the Pfeiffer Center in Illinois might be able to help you.

In addition, *Seven Weeks to Sobriety* by Dr. Joan Mathews-Larsen, has some excellent information on treating biochemical imbalances such as those caused by food allergies. The book is available from the Health Recovery Center at 1-800-247-6237.

Eric's blood allergy test showed that he was allergic (or sensitive) to over a hundred different foods. It was obvious to me that he was lacking something in his biochemistry that allowed all these unusual reactions toward food. As I said earlier, according to Dr. Atkins' *Vita-Nutrient Solution*, as well as Ruth Adams' *B-6 Book*, when someone is allergic to so many things, including even vapors from perfume or other chemicals, it can be an indication of a B-6 deficiency.

Remember not to buy anything with the preservative, benzoic acid, because it is well-known to cause problems for people with ADD or ADHD.

5. Treating Omega-3 Fatty Acid Deficiency:

According to *The LCP Solution*, you should give your child the same amount used in the studies: 8 soft gel capsules daily. A child under the age of five should have half that amount. Continue for at least three months. After that time, use a maintenance dose of half the original amount.

I had both Eric and Aaron take these oils but there is one drawback: they cause you to burp. They're just little burps but they are fishy! Since it doesn't matter if you take these capsules in divided doses or all at once, my sons took them at night, right before brushing their teeth for bed. Then all the little burps happened while they slept and they never noticed them.

If you don't mind spending the extra money, you can also buy pharmaceutical grade Omega-3 fatty acids, which do not cause the fishy taste to repeat. Dr. Barry Sears, in his book, *The Omega Rx Zone*, has information on this grade of Omega 3 oil.

His office phone number is 1-800-404-8171. Natural Factors and Nordic Naturals are two other brands, usually available at health food stores.

I would not hesitate to give these fats to any child (with or without any ADHD symptoms), who has dry skin, dry hair, eczema, asthma, dyslexia, dyspraxia, poor night vision, or anything else described in *The LCP Solution*.

A mom, Bonnie, called me one day, asking if I could help her with her daughter's ADD. As I told her about these five causes, she excitedly said the LCP condition described her daughter perfectly. Bonnie told me that she had five children but only one of them, the youngest, had ADD. Bonnie had been a vegetarian during this pregnancy only, not with the other four. This daughter had dry skin and hair, asthma, and dyslexia, as well as some other learning disorder. Bonnie was so thrilled to finally make sense out of why this child was so different from the others. Her words of encouragement helped me to write this book.

By the way, if you would like to see a terrific, inspirational (but sad) family movie, watch the video, *Lorenzo's Oil*. It's all about parents who found how much certain oils helped their son. Also, at the end of the movie is a quick glimpse of a litter of puppies, deprived of oil in their diet before birth. Notice how hyperactive those puppies were.



Healthcare: American-Style

CHAPTER 14

When it comes to emergency care, developing remarkable technologies, or setting broken bones, our American doctors are among the best in the world. I would not hesitate to go to one for help. While some doctors may be in the profession for the Porsche or the prestige, I believe the vast majority of physicians have chosen this occupation because they sincerely want to help people. But when it comes to chronic health problems, many doctors I've talked to agree that drugs are not the best treatment, even though prescribing drugs is what they have been taught to do. My own doctors know that the only way I will consent to using a drug is as a last resort.

Considering the millions of dollars that drug companies donate every year to medical schools, it is inevitable that pharmaceutical products will be given a prominent role in the curriculum about the treatment of disease. It also follows that medical students are going to graduate and go on to prescribe drugs for their patients' chronic health problems. Since drugs typically just control the symptoms of these disorders, it's not really about addressing causes of disease or even what is best for the patient; it's about what makes money for the drug companies. Everything a doctor knows about drugs, he or she learned from drug companies, whether it was in a medical school supported by drug companies or from the drug salesmen who make regular visits to the doctor's office. I once com-

mented to my friend, a pharmacist, that I thought Ritalin was just masking the symptoms of ADHD. He replied, "That's not only true of Ritalin, it's true of virtually every drug on the market for chronic health problems."

Doctors are required to earn Continuing Medical Education credits in order to remain up to date. One way they often obtain these credits is through classes and retreats offered by drug companies. Drug company representatives explain their drugs to doctors who are then allowed to count this information as "Continuing Medical Education." The only problem is, it's not really *education*. It is *marketing*. If you go to a car dealership and listen to the salesman tell you about the gas mileage in their latest vehicle, that's marketing, not education. They're trying to sell you a product. How is that any different from what drug salesmen are doing to doctors?

When a bill comes before Congress, the drug companies have lobbyists who just sit in the House and Senate, watching for bills to come to the floor that might be detrimental to the drug companies' interests. The lobbyists then convince our lawmakers to pass laws that will help their employers.

Back in the 1960s, a synthetic sweetener called *cyclamate* was found to cause cancer. When the FDA tried to ban it, the manufacturer sued the FDA and won. Since then, the FDA has been required, by court order, to take into consideration the income-stream from a product before it can be banned. In other words, if it makes enough money for the manufacturer, the FDA is not allowed to remove an artificial sweetener from the market. Who does that protect, except the manufacturer? No one.

The FDA has outlawed *tryptophan* because of one tainted batch from China that killed one person. Tryptophan is not a dangerous substance; it is entirely natural and commonly used as an anti-depressant. (It's the ingredient in turkey that makes you drowsy.) Is it a coincidence that it was banned just before

Prozac hit the market? This was an opportunity for the drug industry to squash the competition by influencing the FDA in their favor. Natural remedies present real competition to the drug companies, and they don't like it.

The point I am making here is that the FDA was put into place to protect Americans from bad drugs and bad food. But now, it is also sometimes protecting drug companies from competition. You and I are, of course, the losers. We have more processed "food" and dangerous drugs than ever. Our food has been genetically altered, while drug companies have found a way to get FDA approval on new drugs faster than ever. That may be one reason why there are so many drug-related deaths and drug recalls. It's all about the money.

You and I are not just innocent bystanders to this mess, either. The only reason drug companies manufacture drugs is because we buy them. We believe their glossy, full-color ads and rush out to buy whatever they're selling. We want a magic bullet to take all our problems away. We want drugs to work. One of my favorite cartoons shows a patient asking, "Is Gulliblex right for me, doc?" The doctor responds, "Apparently so."

Some people argue that drug companies need to have patents in order to stay in business, but I think that logic is sorely lacking. Hundreds, maybe thousands, of companies selling nothing but vitamins or homeopathic remedies do just fine and have stayed in business for decades, making a good profit. Drug companies claim that they spend a huge amount of money in "R & D" (research and development), but the numbers for privately owned companies are not published. Many drug company critics say their (the drug companies') expenditures on R & D are, in reality, surprisingly low.

In fairness, it is a complex matter. We know that the public can sometimes be at risk from non-FDA reviewed products. It is one step in checks and balances.

One thing we can all agree on though is that drug companies do spend millions and millions of dollars to advertise their products in magazines, on television, and on the sides of buses, not to mention all the marketing they do directly to doctors' offices. The only problem is that no matter how much is spent on advertising, the bottom line is still the same: the drugs don't cure the underlying biochemical cause. It's all about making as much profit as possible. The companies' shareholders find this to be a good thing.

In fact, if a physician were to dare to treat you using natural remedies, he would be setting himself up to be censured by the AMA and/or be the target of a lawsuit for not following AMA protocol. So, while your physician may see the value of the orthomolecular approach, he often feels that his hands are tied, and he has no choice but to prescribe drugs.

How much stock can we place in the the AMA? Grant monies, product endorsements, and political motives are often at the core of its corporate decisions. For example, Bruce Japsen reported in the *Chicago Tribune* (February 17, 1999) that, "The AMA spent more on lobbying in 1997 than any other organization or business," citing research by The Center for Responsive Politics.

Reporter Japsen was describing the firing of George Lundberg, editor of the *Journal of the American Medical Association*, or JAMA. Lundberg had stated that as editor he endured seventeen years of "constant pressure, threats, and intimidation from AMA leaders, members, and lobbyists in Washington" over what to include in the *Journal*. He constantly received telephone calls from these people whenever an article "imposed on" the physicians' ability to earn money.

Lundberg was further quoted as saying, "AMA public relations staffers would make efforts to obtain copies of JAMA articles prior to publication so they could "spin them for the AMA's corporate interests." (*Chicago Tribune*, Bruce Japsen,

February 17, 1999)

And after the AMA made a deal with Sunbeam in 1997 to endorse their products, there was no arguing that there was a strong financial motive for doing so.

Now, I ask you, does that sound like an organization that should be advising us on vitamins? Or is it just another corporate force whose focus is on financial gain? Are they interested in the truth or just more profit for their members?

I don't know why we Americans allow our healthcare system to be dominated by businesses that only make money when we're ill. Doesn't that seem counter-intuitive to you? I'd rather have a system where I pay my healthcare provider to keep me well.

All about CHADD

Most of us with an ADHD child have heard of the organization, "CHADD" (Children with ADD), which is supposed to be an organization for learning about ADD. But reading any of their "educational" materials will prove to you that this organization is all about "marketing" instead. They're pushing drugs to treat ADHD. Novartis (formerly Ciba-Geigy), the company that manufactures Ritalin, just happens to be behind the organization, secretly funding it with over \$900,000 over a period of five years. CHADD is another example of "marketing" being disguised as "educating."

If you would like more information on CHADD, just go to keyword: "CHADD and drugs."

A Place for Homeopathy

While I recognize the technological advancements of medicine in the United States, the healthcare systems of some other countries offer flexibility and strengths not available in our own. In Europe, homeopathy—not drugs—is the first line of defense against illness, because homeopathic remedies are sur-

prisingly effective. Did you know that the Queen of England has her own, personal homeopathic doctor? An important treatment in the Orient is acupuncture. I've used homeopathy and acupuncture and found them both to be effective. Even my neurologist recommends acupuncture. He's had many patients who have benefited from its treatments. I wish my health insurance covered natural remedies. They'd save a lot of money.

By the way, speaking of other countries, if your child or loved one ever comes down with a serious infection, look into using bacteriophages, or "phages" for short. Believe it or not, they are viruses that destroy the bad bacteria but don't harm you. You would have to travel to the former Soviet Union, Poland, or Israel to get them, but once there, you would be able to buy them over the counter. But you sure can't buy them here because they're not in a synthetic form yet. The FDA won't let you buy the natural phages—perhaps because there's no money in it for the drug companies. A course of phages in the former Soviet Union costs about twenty cents. If you are interested in learning more about phages, the following websites offer information:

www.evergreenstatecollege.edu

www.48hours.com ("Killer Phages" segment)

www.EliavaInstitute.com

So, if you want abundant good health for your ADHD child, doesn't it make good sense to learn as much as you can about the nutrients the human body needs for good health and go from there? Don't count on the AMA, APA or the FDA helping you. Use your own best judgment, and choose the right kind of doctor. Have confidence in yourself as a parent; do what makes sense to you, not just what someone else tells you to do. Question everything!

Over the years, I have met several ADHD sufferers for whom drugs worked very well. They have told me they are

happy, productive, and thinking clearly for the first time in their lives. The amphetamines may continue to work for them, or they may not, as these drugs often lose their effectiveness over time. I'm sure that if a drug worked that well for my child, I would not be writing this book.

Our family's negative experiences with the failure of prescribed drugs, with debilitating side effects of drugs, and literally years of counter-productive treatment for treatable illnesses are the context for my research and writing. They have left me to wonder: Don't our doctors take a solemn oath to "First, do no harm"? Why wouldn't that mean that a doctor's first line of analysis is to find out exactly what vitamins and minerals are deficient in his patient? Wouldn't a first stage of treatment logically be the correction of these deficiencies before even thinking about prescribing a drug? To me, when you have a chronic health problem, a drug is something you take only as a last resort, if all else fails.

Mental Health

Psychiatrists, like medical doctors, are trained in institutions under the auspices of the American Medical Association and/or the American Psychiatric Association. These associations work closely with drug manufacturers who, in turn, donate a considerable amount of money to medical schools. So, is it really any wonder that doctors emerge from school as experts in prescribing drugs?

In addition, when a drug company has a name for a disorder, it can develop a drug to control the symptoms of that disorder. That's how they came up with the name "Oppositional-Defiant Disorder" for kids who can't take "no" for an answer. Now there is a drug to treat the "disorder." In reality, many kids who won't take "no" for an answer have a strong personality

and a strong belief that what they are being told is not right, or is somehow harmful. If they're not totally seeing reality clearly, it's easy to see that they would reject something they're told. The stronger their beliefs, the stronger they will resist. It only makes common sense. Drugs just seem like such a superficial way to treat mental problems.

Psychiatrists who are members of the American Psychiatric Association charge me \$150.00 per hour, whether they actually help me or not. They have accepted the APA theory that ADHD is inherited genetically and is not curable. The only "help" those doctors ever offered us was an attempt to control the symptoms through behavior modification and drugs.

Well, that wasn't good enough. They obviously got paid no matter what happened to Eric. In fact, they only made money if Eric continued to be ill. So, we made other natural treatment choices. I have no doubt that most of those medical and psychiatric professionals meant well, but in the final analysis, they had no training in human biochemistry. Maybe they had heard of niacin and pyridoxine therapy, but were happy with the status quo. Given their high income and the nature of health-care training, perhaps there is no incentive to search for causes and alternative treatments.

Even though I obviously harbor a certain amount of anger towards our third-rate healthcare system in this country, I should add that I do seek help from doctors. It's just that when it comes to treating chronic health disorders, they have been trained in a way that makes money for the drug companies but does not restore my health. Having a disease and covering up its symptoms with a drug is just not my definition of real health.

What test do psychiatrists have to **prove** that your loved one has ADHD? They may give him their psychological tests and call it ADHD but they have no blood or urine test to prove anything. The same is true for bipolar disorder and schizo-

phrenia. They have no lab test to prove that these disorders are classified correctly. We just take our psychiatrists' word for it and flock to their offices, eager to pay them exorbitant amounts of money for their "expert" advice on mental health.

The next time you head to the APA-trained psychiatrist's office and pay them anywhere from \$100.00 to \$400.00 per hour to hear their theories on mental health, keep in mind that they are only theories. They have no clinical proof whatsoever to back up their claims.

We trust them. And then we give our beloved children dangerous amphetamines just because we're told to.

In contrast to the APA's lack of proof for any mental illness, there is a bona-fide, verifiable, inexpensive urine test to prove the existence of pyroluria. I wish I could cast that last sentence in letters ten feet high and plaster them onto billboards all across the country. Every American deserves to know about it. Given that biochemists have estimated that more than one-tenth of the U.S. population has pyroluria, if only a portion of those exhibit symptoms, clearly millions of people are entitled to know what is causing their mental problems.

How does pyroluria manifest itself? It could be anxiety or depression; it could be mild to severe delusions; it could be ADHD-like symptoms where the person is always hyped up; it could be full-blown schizophrenia. It is sometimes labeled bipolar disorder. There is a long list of possible symptoms because, remember, each of us is biochemically unique! In other words, the same biochemical imbalance can cause different symptoms in different people. One person might have a "China doll" complexion and anxiety, while someone else might have white spots on the fingernails, unusually keen hearing, and irritability.

Which makes more sense to you? Taking an inexpensive urine test to find out if you have pyroluria or taking the doctor's word for your disorder? If you test positive for

pyroluria, you know that the remedy, which works for a high percentage of sufferers, is a better diet combined with B-3, B-6, vitamin C, and zinc, costing just a few dollars every month. If you go along with the APA, you know it means a lifetime of chronic illness, expensive psychiatrist visits and drugs. Endless drugs.

One Small APA Task Force

Why haven't you heard of this treatment before?

Dr. Hoffer and his colleague, Dr. Humphrey Osmond, the scientists who first discovered pyroluria, attempted several times to present their findings to the American Psychiatric Association. According to the report by the Canadian Schizophrenia Association entitled "In Reply to the American Psychiatric Association Task Force Report on Megavitamin and Orthomolecular Therapy in Psychiatry," the APA assigned a committee to study this amazing research and see if it really was true. Strangely, none of the committee members were biochemists. Not one was even able to understand the research they were tasked to review.

This committee, called the "APA Task Force on Metavitamin and Orthomolecular Therapy in Psychiatry," had as its members Dr. Morris Lipton, Chairman, Dr. Thomas Ban, Dr. Loren Mosher, and two others.

Dr. Lipton was well known to be antagonistic toward natural remedies long before being asked to chair the committee. Even though he was formally requested to disqualify himself from the committee due to his bias, he remained.

Dr. Ban made no secret of the fact that "much of his income derived from grants from companies and other sources interested in selling tranquilizers."

Dr. Mosher didn't believe schizophrenia was a mental disorder; it was a "chosen way of life."

The committee stated that they knew of no way to test

orthomolecular therapy, also known as “mega-vitamin therapy” and, therefore, just tried (and failed) to test B-3. Since they were not experts in vitamin therapies, they brought that limitation to the table.

According to the report, the literature was also distorted, indicating that the niacin (B-3) flush was “violent” when, in fact, it had only been reported as “remarkable.” They cited poorly done studies as “proof” against the orthomolecular approach. At the same time, completely ignored the research that supported what Hoffer and Osmond were reporting. They then claimed that vitamin therapy couldn’t possibly work and continued to collect grant money from the drug companies.

To this day, the APA relies on *that* task force to claim that orthomolecular therapy doesn’t work. And your loved ones and mine are given drugs to just control their symptoms instead.

The APA does not have their members study this research on pyroluria, nor are there articles on it appearing in their professional journals or other recommended reading.

Will it take a class-action lawsuit against the APA to gain their attention?

If you have a loved one who has been diagnosed “schizophrenia,” “bipolar,” or just plain “psychotic,” but has never been tested for pyroluria—or high level of copper for that matter—could the APA be responsible? Have they intentionally kept such information from their members and from the public?

You may not have a loved one with such a mental disorder but you, as a taxpayer, are still paying for them. Tens of thousands are in jails, prisons or mental hospitals paid for by your dollars and mine. When they are released back into society, is it any wonder they are likely to re-offend? After all, many still have the same pyroluria, pellagra, elevated copper, or other imbalances that caused or exacerbated their problems in the first place. How hard would it be to test and treat them first?

When you walk down the street and see mentally ill people who have never been tested or treated for a biochemical imbalance, you have the APA to thank. The APA and their members were receiving so much money from drug companies, often in the form of grants, that they effectively buried the truth.

Could the doctor on the East coast who became “bipolar” and killed both her parents have been suffering from pyroluria? She has been in a mental hospital for years and may die there.

Could the young college student in Santa Barbara, California who drove his car into a crowd of other students one night have had pyroluria? His family did everything they could to help him. Yet today he is heavily tranquilized and in a mental hospital. If you were one of the parents involved in this tragedy, wouldn't you be angry if it turned out that he had a biochemical imbalance that was deliberately kept secret and that could have been effectively treated? Especially if all it took to find out was an inexpensive urine test? I would be incensed.

If you would like to learn more about Dr. Hoffer's rebuttal to the APA's decision against recognizing kryptopyrrole, read the document, “Megavitamin Therapy In Reply to the American Psychiatric Association,” available from the International Society for Orthomolecular Medicine. I highly recommend this publication to anyone in the medical/psychiatric field who sincerely wants to help their mental or alcoholic patients get well.

Relative to my son's illness, if I had been a docile parent and minded the APA doctors, I never would have found Dr. Hoffer's treatment. There is no doubt in my mind that Eric would still be very, very ill.

I can't help but wonder how many Americans in mental wards and roaming the streets are suffering from pyroluria. Thousands? Tens of thousands? How many people are in jails and prisons across the nation who suffer from pyroluria? At

year-end 2002, there were 1,440,655 inmates in state and federal prisons. At an estimated cost of \$30,000 and more per inmate, that could exceed 30 billion dollars per year to feed and house them. Another estimate for fiscal year 1996 quoted in a Bureau of Justice Statistics report tallied state prison expenditures alone for 1996 at 22 billion dollars. Are all those prisoners mentally ill? Do we have any idea how many may be suffering from treatable illnesses whose violent outcomes could have been prevented? No!

How many families are torn apart by a member who is mentally ill or alcoholic? What is the cost in human suffering? How could anyone begin to calculate that kind of damage?

As a mother, I don't want to see anyone's child end up in jail or a mental ward. As a taxpayer, I don't enjoy paying millions of dollars for more and more institutions. As a human being, I don't want to see anyone suffer needlessly, whether he's the victim of pyroluria himself, or it is his child or parent who has it.

If you want to be tested for pyroluria, don't wait for anyone's permission. At the Bio-Center Lab, a doctor's signature is no longer required for this test. The APA doesn't own your body; you do. If you are presently incarcerated, I believe you have the right to be tested. Maybe you have a loved one outside of prison who can help you. Demand what is rightfully yours. You have the right to know. Children should have the right to know. They should have the right to be treated appropriately, not just have their symptoms masked with drugs.

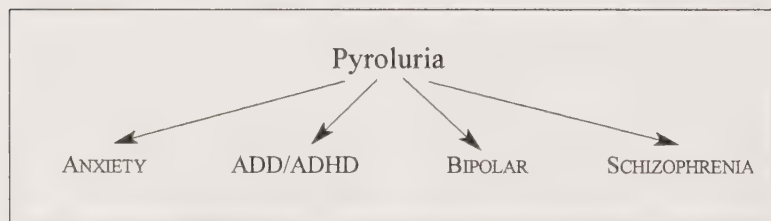
With the APA's poor track record for curing mental illness, I don't understand how they stay in business. Their model of mental illness and how to treat it just does not work. They basically categorize your problem by the symptoms and then prescribe a corresponding drug. The following simple chart may better illustrate the APA's approach.

Looking at symptoms ONLY:

ANXIETY	ADD/ADHD	BIPOLAR	SCHIZOPHRENIA
is controlled	is controlled	is controlled	is controlled
with	with	with	with
XANAX	RITALIN, etc.	LITHIUM, etc.	ZYPREXA, etc.

Not one word is spoken about the cause of your disorder, except to say it “may be genetic.”

The truth is that any one of these disorders might really be pyroluria. Looking for the *cause* of the disorder, you can see that pyroluria has been known to be one causal link to all of these conditions:



Would you then want to take a drug to control your symptoms, or would you want to treat the underlying cause of your problem with the necessary vitamins and minerals?

My grandmother, mother, and aunt all suffered from mental illness. While doctors had different names for their illnesses, I would bet you the cause of my grandmother’s breakdown and my aunt’s suicide was the same: pyroluria. My mother was tested for pyroluria, but her lab test was lost in the shuffle when that lab went out of business. As we waited for the test results, she began taking extra B-6 and, after just three days, told me

that for the first time she could remember, she had actually dreamed. That's right, "dreamed." One of the symptoms of a B-6 deficiency is that the person does not dream or cannot remember her dreams. As she continued on the B-6 treatment over subsequent months, she seemed calmer, happier. Instead of constantly being obsessed with big, world-wide problems, she would sometimes ask about Eric and Aaron. Having a normal mother-daughter conversation was so pleasant, even though it didn't happen every time.

Over the course of her lifetime, my mother's various diagnoses were hyperactive, bipolar disorder, and schizophrenia, depending upon how severe her symptoms were at the time and depending upon what doctor she saw. They all had their own opinions. What a sad waste. If just one of those doctors had read Dr. Hoffer's book, *How to Live With Schizophrenia*, and given my mother a simple urine test, she could have been treated appropriately and spared a lifetime of misery. And I would have known how to treat my sons before they even showed any symptoms, whatsoever. It would have been so easy to have their pyroluria tested every year and easier still to give them a few vitamins every day.

People may read this and think, "Well, if it were really that simple, my doctor would have told me about it." But that is simply not true. Doctors are required to take only one class in nutrition in medical school, if that. Twenty years ago, they took none. So, does learning a little bit about vitamin A and vitamin C make them experts?



There are so many people suffering needlessly in this country. It is difficult to imagine that Dr. Hoffer's simple, effective treatment has been deliberately ignored by the APA for more than forty years, causing so much suffering to inno-

cent people, including my family. Eric simply had a biochemical imbalance that, frankly, has not been difficult to correct.

I'm incensed by the APA's failures and by their close ties to drug companies. From a personal perspective I am one angry mother. In the broader context of community, I have known too many families silently struggling in the dark. Citizens of one of the richest and medically most advanced countries in the world deserve to be fully informed. I am writing this book to help spare you from experiences like mine. Perhaps together, we can work to enlighten the public about the important findings of Dr. Hoffer and his colleagues. If the APA elects to remain in the pocket of pharmaceutical companies at the expense of real mental health, its politics should not be allowed to impede natural and effective treatments of simple conditions that have continued to plague American families for decades.



Life in the Pyroluria Lane

CHAPTER 15

November 19, 2003

Seeing a new dermatologist today, I learned something scary about the drug I've been taking for my skin infection: the real threat of this drug is not just liver damage; it can also cause tumors. Since I've already had one tumor removed, I just hope I don't have any more. I sure wish I had known about the side-effects of this drug, a diuretic, a long time ago.

November 21, 2003

Eric's recent pyroluria test came back; his score is down to 23! I called him to tell him the good news and encourage him to stay on his zinc and vitamins to get down into the symptom-free range (under 20). He's learning that it is his responsibility to stay on the treatment, get his numbers way down, and be tested every year.

My test results came back, too. I would have bet money that I had pyroluria and that it was in the pre-symptom stage. Sure enough, my score was 19. I just barely made it under 20! It is so hard knowing I'm more or less the "carrier" for all my sons' mental health problems. I certainly didn't want it to be my fault, but there is no arguing with the truth, right there in black and white. (I bet, though, that before all this stress happened in my life from my children's mental health problems, my score had probably been way down in the single digits. At

least that's what I'm telling myself.) I'm now taking niacin, and not the amide form, either. It's plain niacin for my borderline high cholesterol. As I mentioned earlier, niacin lowers both pyroluria and cholesterol. (That's part of the beauty of natural remedies: the side effects are almost always beneficial, unlike drugs and their side-effects of tumors or heart attacks or anything else from the long, long list.)

We're a B-dependent family. It's a health matter that is inexpensive and easy to treat IF you know how to recognize your symptoms and treat them properly. Yet the costs of ignoring our unique, biochemical needs are staggering.

November 22

We're doing our best to get well with Dr. Hoffer's help. It is not easy. I feel a deep disappointment with our "healthcare" system that seems so driven by the bottom line. It sure doesn't exist to help Americans maintain our health or regain lost health.

To me, the saddest part of this whole story is that we are wasting precious time as we adults argue over whether a child's bad behavior was caused by his parents' failure to teach discipline, or whether the child should be on prescription drugs, blah, blah, blah. Both viewpoints are wrong. As we squabble, we may be neglecting our children's real, underlying biochemical causes and only allowing them to get worse.

Does this mean every willful, disobedient child has a biochemical imbalance? No, it doesn't. It's just that you, as the parent, need to become educated about the causes of mental and behavioral problems so you can make an intelligent decision. You might think of this book as your starting point, your introduction to the remarkable world of orthomolecular researchers whose ground-breaking work promises the possibility of health and healing for our families.

I know how to take care of my loved ones' pyroluria chal-

lenge. I have written this book to help others dealing with the same, or similar, kinds of problems that we've had over the years. Who knows, maybe some readers will be wise enough to take the right amounts of B vitamins and zinc to nip the whole pyroluria process in the bud, before their child is even born. Hopefully, people in prisons will demand their right to be tested for pyroluria and treated with the correct, natural chemicals their brain needs. People who have a loved one in a mental institution will take the time to have the patient tested. Parents of ADD or ADHD children will have their children tested with or without a formal diagnosis. And any parent of a bipolar child will have him or her tested. If one member of the family tests positive for pyroluria, the wise person would have the whole family tested whether they show any symptoms or not. I am over fifty years old, with no symptoms of schizophrenia, bipolar, or ADD whatsoever. All I have had is anxiety and occasional depression. But, with a borderline high pyroluria score, how long would it have been before some stressful event in my life pushed me over the edge?

Wouldn't it be wonderful if absolutely every American child could be screened for pyroluria?

The only way we will ever have real healthcare in this country is when enough people take the time to discover their own biochemical needs, their own imbalances, and their own remedies for chronic health disorders like ADHD. Then they need to be clear with their doctors and tell them that they want their real health restored and not have their chronic symptoms just covered up with synthetic, patented drugs.

November 24, 2003

Aaron now has an appointment to see the world-famous Dr. Abram Hoffer in just three weeks. Normally, it takes months to get an appointment but, fortunately for us, they had a cancellation.

I wanted this book to end happily ever after, with both boys keeping their pyroluria scores under 20 and going on with their lives. And you, dear reader, would have a clear-cut answer to your loved one's mental illness. Eric and I know how to keep ourselves healthy, but Aaron is still a teenager and thinks adults are stupid. At seventeen, he doesn't understand why I force him to take vitamins or go see Dr. Hoffer or why I am so critical of the APA's vicious circle of psychiatrists and prescription drugs. If I wait until Aaron's score is below 20 before telling you about pyroluria and the other causes, it could be another year or more. As individuals and as a family, we have made great strides in re-claiming our own health. Although we still have a distance to go on this journey, I feel an urgency to publish this book now to make other families aware that there is hopeful research, and there are effective, natural treatments for conditions that may have left them feeling overwhelmed and powerless.

I know in my heart that reading about these five causes of ADHD-like symptoms is going to help people. I leave it to you and your naturopathic doctor to figure out which ones are causing your problems and if, after sincerely giving it your best effort, none of these seem to help, you must do more research and find your own way. A good place to start is with the bibliography at the end of this book. Be sure to check out some of the wonderful internet sites I've listed, such as www.alternativementalhealth.com and www.doctoryourself.com.

Also, if you would like to email me, I can be reached through ADHD@AcornPublishing.com.

Remember to enlist the help of a doctor who truly understands natural remedies, whether he or she is a naturopathic or maintains closer professional ties to the AMA or APA. My family doctor is wonderful and open-minded to everything I've been teaching her about pyroluria and other natural treatments.

Please, please when you look at your ADHD child, keep

this in mind: he or she did not choose to have this disorder. If you are constantly blaming him or her for not following the rules or for being volatile, think again. These children don't want to behave that way and may well be dealing with a biochemical imbalance that no one recognizes, but which is very, very real. Treat him or her as you would a child with Down's Syndrome or some other obvious physical disorder. Follow the Golden Rule and treat him or her the way you would like to be treated if you had such a disorder. Your child is just as much the victim of ADHD as you are.

If your child or loved one is mentally ill with bipolar disorder or schizophrenia and tells you that he doesn't like the drugs, or doesn't like the way they make him feel, listen to him! Don't just brush him off and say he's crazy and doesn't know any better. Find a doctor who can truly help him.

Dr. Atkins in his *Vita-Nutrient Solution*, recommends giving 6 to 12 grams of inositol daily to help with bipolar disorder. So, isn't lithium, which destroys inositol, actually making the problem worse? I know very little about inositol, but I do know that it is safe and I'm giving it to Aaron in the form of Niaplex, the capsules containing niacin and inositol together. The Health Recovery Center has more information on inositol.

I am certainly not advocating that you take anyone off prescribed medications. A patient needs to continue on them as you work with an expert on real mental health, such as Dr. Hoffer, the Bio-Center, or the Pfeiffer Center, to gradually wean him off the drugs or at least ease the side-effects. Correcting a biochemical imbalance can take a long time, and the patient needs to be stable in the meantime.

Aaron is no longer on the lithium or expensive psychosis drugs. He is getting Dr. Hoffer's treatment as we wait for our appointment. Hopefully, the inositol in the Niaplex will replace some of what was destroyed by the lithium.

November 22

It's been forty years since President Kennedy was assassinated right before Thanksgiving, 1963. Memories of that time still fill me with deep sorrow. The news of the president's death sent my mother into a tailspin of worry and confusion to the point that she lost touch with reality, no longer knowing who she was, or who Beth or I were. On Thanksgiving day, we went with our stepfather to drive her to the state mental hospital. Stopping for a burger on the way home, it was the only time I ever saw my stepfather break down and cry. Their business was going bankrupt and life was bleak indeed. He was a good man, but life was unfair to him.

November 27, Thanksgiving

I am so grateful to know the root causes of my sons' mental problems! They're not simply genetic. They are biochemical and also within our means to treat. Life is good.

I can only hope that this little book will be read by many other parents of children with a biochemical imbalance and that they find their way to true mental wellness. Maybe my experience of going down the freeway of life in the wrong direction will keep others from doing the same.

Sometimes, I have to remind myself of just how much power I do have over my life and my children's lives—and that I can make a positive difference to others, too. If this book has helped even one family, I know I'll have a lot more to be thankful for next Thanksgiving.

November 30

I hope that one day insurance companies see the wisdom in covering natural remedies for biochemical imbalances such as ADHD, bipolar, and schizophrenia.

If an insurance company required a pyroluria test of anyone

diagnosed with a mental disorder, they could save enormous sums of money. Instead of paying as much as \$400.00 per hour for a psychiatrist, or \$25,000 for nine nights in a mental hospital, insurance companies could pay less than \$100.00 for the urine test and a month's supply of the right nutrients. And that's just for pyroluria! Imagine how much they'd save if they also covered mineral deficiencies or naturopathic remedies in general.

And, by the way, I've only been on the added B-6 for a few weeks but I've already been able to cut my dose of tumor-causing pills in half. During the thirteen years I've been on this drug, if I even took five pills a day instead of six, I had major problems with a bacterial outbreak. My dermatologists always claimed it was just "adult acne," and is "caused by my fluctuating hormones." I think not.

Time will tell if my other infections clear up. I bet they do. The edema in my hands is definitely subsiding. They even look thinner. Now, when I forget to take my B-6, the edema returns after just two days.

One more thing: researchers have discovered that an over-active adrenal gland is often the cause for damage to the thyroid gland. When someone has untreated pyroluria for a long time, many end up with an underactive thyroid, or "hypothyroid." I've had this problem for nine years. Now, unless it's too late, the B-6 and zinc will help my adrenal gland, which will, in turn, stop stressing out my poor thyroid gland. I love how the orthomolecular approach has such great side-effects!

December 11

Having saved my last paycheck from my job for this special day, Aaron and I traveled to Victoria, B.C. for an appointment with the famous orthomolecular psychiatrist, Dr. Abram Hoffer. Chatting with a woman we met in the waiting room, we learned that she had come to see Dr. Hoffer because he was

treating her for chemical sensitivities. She told us he was the only doctor who had ever really helped her. She was happy to periodically travel from the mainland of Canada to see him.

Once in his office, as I listened to Dr. Hoffer, I was fascinated by the questions he asked of Aaron. Had I not researched biochemical imbalances before our appointment, I couldn't have known just how important his questions were. When he asked Aaron how food tasted and if he developed stretch marks easily (he did), I knew he was checking Aaron's zinc status. When he asked if he had ear infections or tubes in his ears as a child (he did), he was checking to see if Aaron was allergic to dairy products. He told us that he knew Aaron was allergic to cow's milk when he walked in the door because he could see the dark circles under his eyes. When he asked if Aaron was colicky as a baby (he wasn't), I knew about the research on B-6 and how a lack of it causes babies to feel irritable.

Dr. Hoffer sometimes uses the HOD Diagnostic Test, which stands for "Hoffer-Osmond Diagnosis." (Remember, they were the original discoverers of pyroluria.) But he didn't use this test with Aaron. It's a test that shows how clearly a patient is seeing reality and can be purchased from the Canadian Schizophrenia Foundation at (416) 733-2117. One does not need to be a doctor to use it.

Writing out a treatment plan of B-6, B-3, zinc, vitamin C and fatty acids, he also told Aaron to avoid dairy products for a month.

As Dr. Hoffer explained to us, pyroluria may have many, many negative symptoms but, interestingly, it also has some great benefits. Pyrolurics seldom die of cancer (although my mother died of lung cancer). They rarely get arthritis. Many are quite good-looking or have a beautiful "China doll" complexion. Aside from the mental problems, pyrolurics tend to be extremely healthy throughout their lives. (My mother was extremely healthy; when she turned eighty, she joined a gym.)

Dr. Hoffer advised Aaron that he should start to feel better after about two months of the treatment, but that he should stay on it for the rest of his life. The high amounts of B-3 and B-6 would protect him not only from schizophrenia but also senility and Alzheimer's.

Though Dr. Hoffer is close to ninety, people come to him from all over the United States, Canada and other countries to be cured of their illnesses, including bipolar and schizophrenia. He still finds time to write books, is a featured guest at symposiums, and is sought after by other authors seeking his vast knowledge and research for their books.

Aaron and I spent a lovely three days in Victoria but, most of all, it was an honor for me to finally get to meet my hero, Dr. Abram Hoffer.

December 21

Eric is twenty-two and doing extremely well. As an apprentice plumber, he is working full time and attending class one night a week as part of his apprenticeship. He volunteers at his church and is active in Alcoholics Anonymous, where he is helping others with their sobriety. He's on the New Year's Eve dance committee and is investing in real estate. He is amazing.

He still has lots of energy but now it's focused on his future, his friends, and people in need. He's excited about life.

Mentally and emotionally healthy, Eric is also a very handsome young man. His eyes sparkle. He's learning how to manage his pyroluria. Jail and/or institutions are no longer within our sphere of worries.

He pays his taxes, insurance and car payments, and has a bright future ahead of him. I'm enormously proud of him.

He takes no drugs of any kind, especially anything that might affect his brain.

January 15, 2004

Today Dave's results came back from his pyroluria test and he tested positive. I felt a sense of relief that the genetic trail of pyroluria to our children was not only from me.

February 1

This past year, Aaron felt such anxiety at school that he missed too many days to be able to pass. He dropped out. Today, he is bright-eyed, healthy-looking, and has gained about twenty pounds. He laughs and jokes with me and his friends, something he hadn't done in years. He has signed up for community-college classes next month and is looking forward to going to a new school.

The way I see it is that we're at least back up to the level of just having a normal, independence-seeking teenager. He is certainly no different from many of the other teens I see and nowhere near the incoherent, fragile person he used to be. He's having fun. More importantly, he has a future!

Not on any prescription drugs, Aaron has no mental problems that could send him to a hospital or psychiatrist's office, except that he still might have some anxiety. We're working on it and I know that will be resolved, too. That sounds like "wellness" to me.

He takes only the vitamins and zinc. Even though I bribe him to take his vitamins, he's often not at home to take them. So, I've sweetened the pot: on his next pyroluria test, I'll pay him a bonus of twenty dollars for every fifty points he has lowered his score. As I've said before, I'm not Super-Mom, and I will resort to bribery if that's what it takes to get him on the right track.

May 15

Perhaps the severity of Eric's and Aaron's illnesses was compounded by having two pyroluric family branches. That means that all four of us in my family have pyroluria, even though we were all given different diagnoses by our doctors. Eric was diagnosed as ADHD, then bipolar, while his pyroluria score was 42. (It is now 23.) Aaron was diagnosed bipolar, then "uni-polar bipolar with psychosis," while his pyroluria score was 367. (It is now 19.) I was diagnosed with anxiety and depression. My score is 19.

Though Aaron had remarkable results, he still had a little trouble with insomnia, so I had him start taking GABA and L-Taurine, part of Margot Kidder's regimen for bipolar disorder. Because these are amino acids, he takes them on an empty stomach. And, because they are calming, he takes them before bed. The GABA he takes also contains B-3 and inositol. As Ms. Kidder asked in her keynote speech at the Orthomolecular Conference in Vancouver, B.C. (April, 2004): "If the drugs they give you just mimic the effects of GABA, why not just take GABA instead?"

Makes sense to me.

It's been a long road, but now I have two sons who are both doing extremely well, free of any kind of mind-altering drug. And I owe it all to Dr. Hoffer.

May 30, 2004

Nothing would make me happier than to learn that others have been helped by my book. If you have found it beneficial to learn about these biochemical causes of ADHD, please write to me and tell me your story. I would like to include them in my next book. I would be especially thrilled to hear from those who have tested positive for pyroluria. I can be contacted at ADHD@acornpublishing.com.

It may have taken me decades to learn the truth, but as it turns out, my mother was right: For those of us suffering from biochemical imbalances, the APA's method of drugging us and talking with us truly is all "smoke and mirrors."

August 16, 2004

Even though Aaron sometimes only takes his vitamins and minerals about once a week, he is still well. In fact, I do not believe a doctor could diagnose him with any kind of mental disorder.

He looks healthy. His eyes sparkle! He tells jokes and laughs at others' jokes. He's relaxed. He's slowly throwing away his bizarre, ragged clothes that he insisted on buying from second-hand stores for years.

He's now wearing brand-new shoes and button-down shirts and could easily pass for a model right out of a magazine. He's decided that his hair looks best in its natural color and no longer dyes it purple or teal. He has a part-time job and is working on making up credits he lost in school while he was ill.

If I had to pinpoint a date when pyroluria first raised its ugly head in Aaron's life, I would say it was in third grade. At that time, he became noticeably anxious about life; he suddenly developed a phobia about spiders and a fear of other people. While he had never been extroverted, he became much more of a loner and only had two friends. He wasn't a "joiner," refusing to sign up for Cub Scouts or any kind of organized sport. He refused to join the orchestra class so he never learned to play an instrument. He refused to go to summer camp where he would be forced to be around strangers. He was twelve years old before we coaxed him into going to a local summer camp for a week.

With so many of Aaron's developmentally-important years spent being afraid and anxious about life and other people, this seems to be a problem he is still learning to handle. He either

needs to take his supplements more consistently and conquer the anxiety that accompanies pyroluria or it may just be habit and he needs more positive life experiences to get over it. I don't know which one it is—I'm just his mom, not a doctor. He's still a little timid, but talks easily to co-workers and customers at his job. And he's finding new, fun and outgoing friends here in the neighborhood.

Of course, nothing would please me more than to have Aaron become an orthomolecular doctor someday, but he will have to choose his own path in life. This week his plan is to earn his high school diploma and attend a one-year vocational program. Last week, he just wanted a GED so he could get a jump-start on a college degree. We're still sorting things out. But the main thing is that he is mentally healthy and he knows how to remain healthy.

He knows that stressful events cause biochemical changes in his body, leading to mental illness, by depleting his body of B6 and zinc. He knows he needs these extra nutrients, especially during times of stress. He knows that he needs a friend who will give him these supplements if he someday becomes too careless about taking his B6 treatment and becomes mentally incapacitated. We're just taking life one day at a time and learning as we go.



One of the moms in my ADHD study group gave me the following poem by Philip Ward and said it sounded like me. I found it so inspiring that I would like to end my story by sharing it with you. We all need encouragement in our search for the truth.:

THE KEYMAKERS

Some people see a closed door
and turn away.

Others see a closed door,
try the knob,
if it doesn't open...
they turn away.

Still others see a closed door,
try the knob,
if it doesn't open
they find a key.
If the key doesn't fit...
they turn away.

A rare few see a closed door,
try the knob,
if it doesn't open,
they find a key.
If the key doesn't fit...

they make one.



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www.restorativehealth.com

www.alternativementalhealth.com

www.doctoryourself.com

www.island-net (Search “Hoffer”)

www.karendustman.com (Contains article about Margot Kidder's treatment)

www.hripte.org

Keywords:

Kryptopyrrole

Pyroluria

Pyrroles in the urine

Orthomolecular

www.alternativementalhealth.com

Click on *articles* in left-hand column.

Scroll down to *bipolar*, then to:

“The Role of Amino Acids in Bipolar Disorder and Mental Health,” by actor, Margot Kidder.



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ABOUT THE AUTHOR

Linda Santini lives in the Pacific Northwest with her family and cat, Snoozer. In her spare time she enjoys swimming, travelling, camping, reading, and learning new things—especially natural remedies for mental problems. A former teacher, she is now a registered counselor.





Solving the Mystery of ADHD—Naturally

Linda Santini, M.Ed.

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- behavioral problems • sleep problems • impatience
- inability to handle stress • difficulty with authority
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