Hyperactivity and the Learning Disabled Child

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Hyperactivity and learning disability go hand in hand. The overactive child has a short attention span, is unable to concentrate, is too busy to learn. Not infrequently there are marked perceptual distortions -words move, go double, change shape; sounds are different. All perceptions may be changed. It is not unusual therefore, to see hyperactivity and learning disability in the same patient. If the cause is not removed the learning disability will eventually strike, perhaps in high school or even at the university level. The reason for this seeming paradox is quite simple. When the patient's ability to tolerate his allergic foods is eventually used up, then the brain suffers and learning becomes much-more difficult.

I have been in general practice for 31 years and have seen many changes develop in that time. When I went to medical school, hyperactivity was a rare disease. Certainly teachers feel and know there is an increase; the real question is why? We do not recognize or accept anything, unless it is within the realm of our own experience. Many doctors do not want to be involved with these children. They pass off the child and the parents by saying, "Oh, he's just a real boy, he'll grow out of it."

We can divide this topic into three parts; the 3 R's of Learning Disability (Levy, 1973): Realization, preferably while still very young, Recognition of the symptoms and Remediation of those symptoms. Most parents realize the child is different at a very early age. If they do not have another child with whom they can compare, they may not realize. I recall one little girl from Alberta who came with grandma to see me. The child had asthma and eczema. During the visit she was all over my office, into everything, under my desk, around the sink, climbing on the chairs, pulling this, picking that, pushing something else, and talking all the time. The parents did come eventually and I learned the mother was quite allergic; cats bothered her. She always had an itchy nose, which is a sure sign of food allergy. The father used to be overweight. Both parents smoke and there was a family history of alcoholism, diabetes, and obesity. These are diseases of maladaption, which is based on allergy. The mother told me the child had previously been on an elimination diet for two months, without benefit. I fasted the child for a few hours, then gave foods which she did not usually eat, such as kiwi fruit and avocado. This was how she was prepared for testing. After two days the child was

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calm, cool and collected. The mother couldn't believe the change. Her asthma was gone and she was not hyperactive, for the first time. When given oatmeal, wheat, and milk, the child very quickly reverted to her hyperactive, asthmatic state. The mother was not aware of hyperactivity. You have to realize something is wrong before you can recognize you have a problem. It is simpler to prevent hyperactivity and learning disabilities before they occur, rather than trying to treat them after the fact.

REALIZATION

How does realization come? Hopefully it comes early. As babies these children often have numerous symptoms and complaints. The symptoms depend on which body system is reactive. If it is the respiratory system they will have a runny nose, runny ears, colds, asthma, wheezing, or croup. If it's the G.I. tract, they will have colic, diarrhea, distention, vomiting, etc. If the skin is involved they will have diaper rash, eczema, itching or scratching. If the central nervous system is involved and it most certainly can be, you find behavioral problems. These children are squirmy, they don't like to be cuddled, they rock the crib, they bang their heads, jump up and down, they sleep poorly and cry too much. They are not affectionate. They roll and toss at night, and cry out in their sleep, their bodies are tense, they are irritable. It is at this stage that parents start visiting doctors. Often they are referred to various specialists. Not uncommonly each specialist only looks for something in his particular field and misses the obvious fact of hyperactivity. The specialist may find the so called soft neurological signs and try to explain the difficulty as being due to brain damage. The psychiatrist may blame it on improper parenting. It is unfortunate but true, doctors do not recognize these subtle changes unless there is a personal reason for so doing. It took me 20 years to wake up, and only then, because I had a left-handed daughter who read her numbers backwards and got her words backwards. By the time this daughter reached Grade 12, school had become a problem and she had become a very miserable teenager. Fortunately she responded to Vitamin B3 and C. I now know her problem was due to allergy, as it affects the brain. What are some signs of hyperactivity? The child cannot sit still whether he is watching TV, listening to the stereo, or eating a meal. Such a child can't concentrate, can't study, can't understand discipline, can't play games or do a chore. The child cannot control his emotions, he cries, he fights, he's aggressive, has temper tantrums or emotional outbursts. These children frequently talk too much or too loudly. They interrupt, they stutter, they have speech outbursts, they are irritable, unhappy, fight with others, they bite, they hit. They climb almost as soon as they can walk. They have a poor self image and call themselves stupid. The child wanders from home, wets the bed, is hard to please, is defiant, unpopular, impatient. Not infrequently, such a child will say "I wish I was dead". I always ask such a child if he wants to kill himself and if he does, how is he going to do it. If the child has decided on a method of suicide it is a very significant and dangerous symptom demanding immediate treatment. The best way to treat is through diet and by extra vitamins.

RECOGNITION

Case Report on R.F: R.F. was a boy. I saw him in March of '79. He was seven years old and in grade two. The mother complained the boy was hyper and he couldn't learn. He would fight in school, the principal would phone once or twice a week to take the boy home from school. He went to kindergarten two times, then was asked to stay home. She had used the Feingold diet in 1978 which relieved his symptoms for a few months, then symptoms returned in spite of this diet. I have found this state of affairs not uncommon. It makes the parent very worried to see their child regress. She noticed the smell of paint or marking pencils would increase his activity; aspirins made him sick and hyper.

Past History:

The delivery was normal. He was not breast fed. He was a good baby for the first

few months. He was creeping at five months, sitting up at seven months and standing at nine months. He was strong and quick. He pulled their Christmas tree over when only six months of age. They had put him in a walker to slow him down and to prevent accidents. He would ram into furniture and people. He would run outside in the winter without proper clothes; he would set fires and play with fires. He would get up in the middle of the night, lock himself in the bathroom and turn on the hot water. He would climb up on the stove, turn the burners on, then not be able to get down. He wet the bed every night. He told his mother he dreamt of monsters. From the time he was five he was breaking windows and fighting with other children. He wouldn't cry when he was spanked.

Family History:

Mother is 37, quite healthy, but said she had done poorly in school and called herself a disturbed child. The father is an alcoholic. There is arthritis, obesity, and nerve trouble in the family.

Diet History:

The Feingold Diet - no sugar, no additives but lots of milk and lemonade.

Perception:

I asked the boy about his perceptions and found that he saw double most of the time. When he looked, words would get big and small, they would move sideways, and up and down. Stairs would move. His bed would rock. I asked him if he ever saw things that were not there. He saw little green men whom he called Martians. They would yell at him, saying "Nyaa, Nyaa, Nyaa." These little men frightened him, except when he was having a bath, when they would go away. My Perceptual Dysfunction Test (see Appendix A) showed him to be a 4 and on the hyperactivity scale (see Appendix B) he scored 99 out of a possible 105. He was quite artistic and was of average intelligence.

Treatment:

I had the boy fast for one day and gave him Epsom salts to clear his gastrointestinal tract. I gave him intravenous vitamins once or twice. I took him off milk, bread and citrus fruits and put him on Vitamin C, Vitamin B3, and Vitamin B6 and sent him home. They were to return in two weeks. The mother thought a miracle had occurred. He was happy and was doing better in school. He wasn't clumsy, wasn't breaking things. The mother found out more about the little green men. He used to roll around in puddles every time he got the chance or get very close to anything that was burning even if he had to set the fire himself. He told her he was trying to drown the Martians or to burn them, which would explain why he would climb up on the stove and turn the burners on. The teachers noticed a difference in his behavior and his learning abilities. Even by starting therapy in March, he managed to pass his grade. She came to see me in September. He looked a bit mean and was a little hyper. The mother has been giving him a slice of bread every day. This explains why he was unhappy and hyper. If and when he cheated on his diet, he recognized the difference. He would become quite miserable. He did not want to be miserable. He has learned now to take Epsom salts if and when he cheats, on his own volition.

One means of recognizing is the Behavior Inventory developed by Mark Stewart and described in the Scientific American of April, 1970. He lists 35 items to be answered as rarely or never, occasionally, often, usually or continually. The test has been modified by Hoffer, Crook and others who work in this field. The questions shown in the appendix are revised by Dr. Wm. G. Crook. Parents frequently do not recognize some symptoms as being important. Our perception is based on our special and proprioceptive senses. Height, weight, depth and so on are part of the proprioceptive senses. We learn from experience. If you touch a hot stove, you won't do it again, generally speaking, because your perception of a burn is acute and is remembered. The degree of overactivity is important. Recognition is aided if the parent is able to make comparisons. One day a lady from Saskatoon came to see me with her three hyperactive boys. She was not too well herself. She considered their behavior to be normal. I thought their behavior was

outrageous. Recognition is a function of experience.

Some parents refuse to recognize or refuse to admit their child is hyperactive. They seek to rationalize the hyperactivity. They will make excuses for the child's inability to learn, going on the assumption that what they don't know, won't hurt them. I can assure you it certainly hurts the child because it delays early diagnosis and treatment. This non-recognition may be acceptable to parents but when the children are exposed to a more structured and disciplined environment like kindergarten or school, things begin to happen. The child is expected to sit in his seat, to pay attention, to do certain things at certain times. Disrupting the class is not acceptable behavior. It is often beneficial to repeat the tests before, during and after treatments, to determine progress. It makes a very handy and permanent record for the chart. **Green's Perceptual Dysfunction Test** (See Appendix A):

We tend to think everyone's perception is like our own, which we call normal, in 1969 I started asking children with learning difficulties, "Do words move when you read?" "Do you see double?" "Does your face change shape when you look in the mirror?" Frequently the answer was yes and this led to my discovery of the condition I named Subclinical Pellagra (Green, 1969, 1970,1973).

Subclinical Pellagra is a deficiency syndrome characterized by the presence of perceptual changes involving any or all of the special and proprioceptive senses plus an unusual sensitivity to refined carbohydrate which results in neurasthenia. It is due to a deficiency of or an increased demand for niacin, the administration of which causes prompt disappearance of the perceptual changes. The neurasthenia is improved slowly by restricting refined carbohydrate combined with megavitamin therapy.

By asking such simple questions as these, I learned many patients do not perceive as I do. The SCP patient does hear his name being called, his face does change shape in the mirror, the ground does move when he walks. I used to believe such dysperceptions happened only in schizophrenics. This is not true. Dysperception is a part of the continuum of mental aberrations stretching from the mild neuroses to the major psychoses. I named the condition Subclinical Pellagra because Vitamin B3 relieved the perceptual distortions quickly. Over the ensuing years I learned diet is by far the most important single thing, both as a cause of and as a treatment for this condition.

The test asks questions of physical complaints and perceptual problems. There are 83 straightforward questions. Not infrequently, the perceptual problems come and go so it is important to ask if they have these symptoms "sometimes." I never did have the time or the money to have psychologists work the test over, to refine it, and develop a scoring method. It is simple, however, to scan the questionnaire. If the child admits words move, the ground moves, his body changes shape, he hears voices, then something is wrong and it most certainly has something to do with his ability to learn. If you see double and you can't focus on a page or on the blackboard, it is nearly impossible to learn. Children may deny perceptual distortions and still have problems in school. Many of these children had perceptual changes before and will admit to them easily. By doing the test before and after treatments one has a good record of progress for any given patient.

Quite often these children have problems kicking a ball or catching a ball. They seem clumsy. I remember one very pretty girl who Wanted to play soccer yet she couldn't seem to kick the ball. From questioning her I found she saw two balls, her feet were changing size and shape. She felt like she was walking off the ground and the ground was moving. Put this together and you have a very complicated problem for the simple act of kicking. She had learning difficulties, getting D's and failures; after treatment she got A's and B's. Her perceptual dysfunction test went from 3 positive to negative in a month.

The Hoffer Osmond Diagnostic Test (Hoffer et ai; 1975): The HOD test was developed by Drs. Hoffer, Osmond and Kelm in the

early 60's. It was released for general use in about 1970. The test is sometimes useful with children, but usually I don't give it to anyone under 12. It has 145 questions which cover depression, perceptual changes, paranoia and so on.

REMEDIATION

Most of my patients come from afar to see me, from all over Canada. It is necessary therefore to make a diagnosis based on the history, the physical findings and the various tests. It is important to initiate treatment as soon as possible. I do physical tests too, based mainly on allergy testing. Rinkel allergy testing is a much more sophisticated method of skin testing than either the scratch or patch tests (Dickey, 1976). We often produce symptoms during testing which duplicate the patient's complaints. If you are testing with cat dander and the patient starts to see double, you think twice about the whole problem of central nervous system allergy. I do the tests I feel necessary to elucidate a working diagnosis, then start treatment using several vitamins and diet changes. I overtreat rather than undertreat from the beginning, then discontinue vitamins as the child progresses.

Case Report:

A boy came from Prince George in the summer of 1979 to see me. His mother brought him because everything possible had been done in Prince George. He had seen psychiatrists, psychologists, social workers, teachers and others. The boy was a major discipline problem in school. He had mood changes, he would hit other children, he would go into a rage and scream and swear and break the furniture. He exaggerates for attention, is moody and very dependent on others for approval and support. The mother said the boy was hyperactive, emotionally unstable, and felt nauseous most of the time and would vomit any place, any time, and would get dizzy. When he lies down to go to sleep, he sees a tiger that wants to eat him. When he is walking he sees water on the edge of his field of vision. He sees yellow people who are smaller than he is, who yell and scream at him. Blinking causes their disappearance, but they soon return. Words move off to the right. He wished he was dead, but was not suicidal. His mother said he was hyper from the age of three months. He walked and climbed at ten months; he was stronger than his brothers and sisters. When he was 11 months of age, he would crawl out of a crib used for a six year old. He ate six slices of bread a day, drank a quart and a half of milk, a quart of Tang and would eat sugar from the bowl. His perceptual dysfunction test was 3 positive, his HOD test was very high and hyperactivity scale was 100. The depression index was 23; normal is less than 6. Rinkel testing showed he was quite allergic to many things, particularly dusts and molds. He became quite hyperactive which symptom we neutralized using our techniques. He was put on C, B3, B6, B15, Hi Potencv B, Multi Mineral Vitamin Formula, zinc, an allergy vaccine and the bacterial vaccine. He was advised to go on single foods, to stop bread, milk and most certainly, Tang and sugar. I put him on the four day rotary diversified diet and off they went. I phoned the mother September 22, 1979. She said they had a good summer. He stopped seeing little people after three weeks. He can now watch television, his attention span is better, he is not depressed. If he does get angry, it is just for a very few minutes. He started sleeping in for the first time in his life. He had just gone back to school so she had nothing further to report. **Treatment:**

Treatment can be broken down into diet, vitamins, allergy, psychotherapy and other therapies. These would include exercise, massage, physio, chiropractic, acupuncture, reflexology, and others.

Diet Control:

The importance of diet cannot be over-emphasized. We really are what we eat. The longer I deal with these problems the more convinced of this I am. Whether we speak of hyperactivity or cancer, of diabetes or asthma, of depression or diarrhea, all are related to diet. Diet causes symptoms, diet takes away symptoms. It has taken me 10 years to recognize this simple truth. We all hope for a pill to take or an elixir to swallow,

a lotion to apply. It does not work this way. Vitamins may relieve symptoms but diet re lieves causes. Unfortunately the only way we learn is to experience symptoms, which are proved to be due to diet. Health is a measure of each person's ability to do what he wants to do, and become what he wants to become. It transcends biological fitness. Good health implies an individual's success in functioning within his particular set of values and as such is extremely relative. The words of Rene Dubos exemplify my thinking, "We are only as healthy as we want to be." I judge health by production. My concept of full health is to increase one's productive capacities to the limit of one's mental and physical abilities. How often have we seen brilliant children gradually change during their formative years into nonproductive ciphers who exist on welfare as non-producers. God's gift to us is our body, our mind, and our soul. If we, through ignorance, abuse these gifts, we can be forgiven. If we are unaware that what we eat or breathe or contact will destroy our productive abilities, we must make an effort to find out the cause of our fatigue, our dysperception, our depression and do something about it. If we do not, the fault is ours. It is your fault and it is mine. It is not the fault of the teacher, of the parent, of society, or of God himself. My cardinal rule, is "If you crave it, don't eat it." I don't care whether it is bread or beans, Tang or coffee, milk or mustard, ketchup or cauliflower. This dictum is irrefutable. To be addicted is to be allergic. There are several stages to this process. First is the initial reactive stage, like smoking your first cigarette. You become ill and dizzy and sick. If you stop there and take one cigarette a week, you would have the same reaction even/time. If you persist in smoking, your body becomes adapted, you can smoke without getting sick. Soon you become maladapted. If you don't smoke you have symptoms, which are relieved by having a cigarette. This applies to milk or cake, whatever is your addiction. You are hocked, you are an addict. You can get just as "stoned" on apples or oranges as you do from coffee or cocaine. It depends on many factors. When a child comes to me for treatment I do a nutrition survey and find out exactly what he eats and how much. Often I find he will eat a half a loaf of bread, a quart or more of milk, or juice, or Tang. He will eat candy and cookies sometimes; some eat nothing but meat, some won't eat vegetables. For good management, I insist the patient does not eat his favorite food for a week or two. This will cause an increase in symptoms for the first two or three days, then a rapid decrease until the patient is normal. The change can be dramatic. When there are several causes it is more difficult to obtain such a rapid, positive response. Once a patient has found relief from his symptoms he becomes more cooperative and willing to try various foods.

The Four Day Rotary Diversified Diet

(See Appendix C):

It takes four days to rid the body of a food, allergically speaking. Therefore, if you eat a food only once in four days, you can have all your foods, providing you are only mildly allergic to them. Some are more sensitive and can take a certain food only every eight or twelve days. This diversity of diet allows patient and parent and the whole family to eat well and prevent symptoms. Day 1 is beef, milk, cheese, wheat, carrots, bananas, etc. Day 2 is corn, cabbage, apple, pork, almonds, etc. Day 3 is eggs, rice, chicken, peas, peaches, etc. Day 4 is oatmeal, fish, potatoes, tomatoes, citrus and so on. By eating foods from each day, for that day, symptoms are controlled. If the patient is very ill, he is allowed only one food for a meal. For example, carrots for breakfast, beef at noon, bananas for supper, or corn, cabbage and almonds. Most parents will feel the child is not getting enough protein if he does- not eat meat every day. This is incorrect.

Protein plays a major role in the production of ill-health. The digestive tract including the pancreas, is the real culprit. Digestion is initiated in the mouth and is finished in the small bowel although there is absorption from the large bowel too. We don't chew our food well enough. Chewing stimulates enzyme production and increases the surface area of food so the gastric juices can act more efficiently. Digestive enzymes from the gut and the pancreas break down

foods so they can be absorbed into the blood stream. When pancreatic function is disturbed by over-stimulation, caused by highly refined carbohydrates, the pancreas becomes exhausted and enzyme production is decreased. This allows protein molecules of a greater molecular weight other than normal to enter the blood stream. These large molecules stimulate allergic reaction in the skin, the lungs, the joints, the gut or the brain. It is not necessary to have demonstrable antibodies in the blood to have an allergic reaction. This is where im-munologists and clinical ecologists have their main disagreements. We use pancreatic enzymes, bile salts and vegetable enzymes to assist pancreatic function. I have one child who is now two years old who is hyperactive and asthmatic and is a constant source of worry to the mother. By using diet management plus pancreatic enzymes we have been able to control some of her symptoms. Other digestive aids are betaine pepsin, hydrochloric acid, lactobacillus acidophilus and the protomorphogens.

The Kaiser-Permanente Diet as described by Feingold (1975) is based on the effect of addictives which stimulate hyperactivity. Feingold feels most of these are based on a salicylate radical added to foods, although some salicylates are naturally occurring in oranges, apples, berries and so forth. Feingold permits pop, grapefruit juice and some sugar. He makes no mention of foods which may cause hyperactivity like milk, beef and tomatoes. Feingold has performed a major service in bringing hyperactivity and learning disabilities to the forefront.

Megavitamin Therapy:

Megavitamin therapy means using huge doses of vitamins to bring about symptom relief. I use a "shotgun" approach because I want results in a hurry. I feel patients want to get better as quickly as possible and they are not really interested in taking a year or two to discover whether or not Vitamin E is better than Vitamin Cor.B6 is better than Vitamin B15. Because of this I do not have facts and figure except to say that I have good results in over 90 percent of the patients I treat. I use vitamins intravenously and orally. The intravenous route is used when you want rapid action - when time is of the essence. I use it in children who are suicidal and have decided on the method of suicide. It is an emergency situation. Another indication for I.V. vitamins is in a child who is so disturbed you cannot reach him. It might spoil our testing to some extent, but one must temper justice with mercy. The vitamins I use are Niacinamide, C, Thiamine, Pyridoxine, B12, and B Complex. I also use Adrenal Cortical Extract and many other vitamins and techniques. I use doses of 10 to 20 cc per injection. I can eliminate delerium tremens in 24 hours with huge doses of intravenous vitamins. You can relieve perceptual distortions within a few hours, depending on the dosage. If you take the vitamins orally it takes up to 30 days or more. The intramuscular injection of vitamins is painful and I seldom use that route. I use it only if I can't get into the vein. Megavitamin therapy is still under suspicion. It is denigrated only by people who do not use vitamins. I use smaller doses now than I did in the early 70's. I recall Dr. Hoffer using Niacin up to 30 grams a day. I never did find it necessary to go so high. If you cannot get results with 6 grams of B3 and 10 grams of C you should start looking for other factors. I use Vitamins A and D, Vitamin A 30,000, Vitamin D 2400 units a day. I also use the near vitamins like choline, inosotol, lecithin, bioflavonoids. I also use trace minerals and metals. Zinc and B6 are the most important in my opinion.

Exercise:

It is not usually necessary to tell children to exercise though it certainly is for adults. As we get older, exercise is a major effort and is of major importance. There are other things to be considered in treatment. John Ott has shown fluorescent lights cause hyperactivity. Good music as compared to hard rock influences behavior in some fashion. The internal energy systems are disrupted by hard rock music. These are the energy systems which make acupuncture, acupressure, reflexology and massage work. I use an Edwards MyoFlex to balance the energy systems of the body. It brings the body into phase.

Vaccines:

Vaccines are important whether they are specific for that particular patient or non-specific and can be used on other

patients. I use both. Specific vaccines are made up from the skin testing we do using dusts, molds, danders and food. The titration is done on each antigen to which the patient reacts. The vaccine is prepared in the manner which is based on this titration. The vaccine is a neutralizing vaccine rather than an immunizing one used by the usual allergy techniques. The results are obtained much more quickly in a matter of weeks rather than months and the possibility of reaction is practically nil. Non-specific vaccines are used to stimulate the immune system of the body. I use a bacterial vaccine concentrate as proposed by Baird (1968). 1 also use a Livingston's Progenitor Cryptocides Vaccine (Livingston, 1972). Another technique I use is autodesensitization. This is done by taking 5 to 10 ml. of blood from the patient's vein and injecting it intramuscularly in the hip. This, too, stimulates the patient's immune system to greater efforts. There is no danger of a bad response from your own blood. If too large a dose is given, the patient has flu-like symptoms. Urine can be used in the same way but it is a much more difficult procedure to produce a sterile specimen and I rarely use the technique any more.

Loving and caring are important factors in treatment as are prayer and meditation. The patient's family is important in treatment. There must be full support and cooperation between the patient and the parent. This often can be obtained by fasting. It is impossible to argue with a patient who is drunk, due to eating sugar, drinking milk, eating bread, eating beef or whatever. By eliminating addictive foods from the child's diet he can very quickly be brought to a state where mentation is possible. It is at this stage that parents and patients and physicians work together for the benefit of all. When we talk about hyperactivity and learning disabilities and their treatment, we must use every tool and means at our disposal. Treatment brings peace to the child and to his family so he can learn and develop normally.

APPENDIX A
The Perceptual Dysfunction Test

Green's Perceptual Dysfunction test contains 83 questions which will indicate whether or not the patient has perceptual distortion or dysfunction. There are two important points to remember: 1) You have to think of the possibility of perceptual distortion. 2) You have to ask the right question because the patient will not volunteer the cardinal symptoms.

To have an open mind about this problem is a major criterion. If a doctor has a patient complaining of double vision, he refers him to an ophthamologist. More often than not, the specialist will say he can find no reason to believe the patient. If we impose our own perception on the patient's complaints, which are in fact due to dysperceptions, you cannot help that patient. I know of patients who have had eye surgery to correct the dysperception of double vision. There are patients losing various parts and organs to surgeons, because of pain dysperception. By using the Perceptual Dysfunction test in the first visit, it is possible to determine a great percentage of patients having this dysperception. When this is done, it simplifies treatment. If a clinical test of treatment is done using megadoses of vitamins and by removing from the diet the offending food, we have proof. "The proof of the pudding is in the eating." If, after treatment, all these things become negative, you know you have solved the problem. Perhaps some day it will be possible to develop a scoring technique. I score them from negative to positive. I usually do a test at the start of treatment and another one within a month. If there is no change, I know that my treatment program is not effective and I have to start doing different procedures.

GREEN'S PERCEPTUAL DYSFUNCTION TEST

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NAME:_____ DATE:_____

DATE OF BIRTH:_____ S.H.S.P._____

SEX:_____ ADDRESS:_____

	SOMETIMES	YES	NO
1. Do words blur when you read?			
2. Do your eyes get blurry when you read?			
3. Do your eyes get sore or tired rather quickly?			
4. Do you get a headache when you read?			
5. Do the words seem to move a little bit?			
6. Do words seem to go double sometimes? E E E EE			
7. Do words seem to come close or move away from you?			
8. Do the words seem to get big or small at times?			
9. Do letters or words get mixed up when you read?			
10. Do words go backwards when you read? e.g. saw-was			
11. Do the numbers seem to move when you stare at them?			
12. Does your mind go blank when you read?			
13. Do lines move together or get mixed up when you read?			
14. Do the words seem to disappear when you read?			
15. Do you forget what you have just read?			
16. Do you re-read a sentence several times?			
17. Do you think you see people when none are there?			
18. Does the television picture seem to be strange now?			
19. Do you dislike watching television now?			
20. Do you think you hear your name called when no one is around?			
21. Do you hear voices when there is no one there?			
22. Do you hear animals or noises at times?			
23. Do you hear music or talking when no one is there?			
24. Do you have trouble with your hearing now?			
25. Do you hear your own voice inside your head when you are thinking?			
26. Do you hear your own voice outside your head when you are thinking?			
27. Is your sense of touch different now?			
28. Do you feel someone touching you at times?			
29. Can you tell where your hands are with your eyes closed?			
30. Can you tell where your feet are when your eyes are closed?			
31. Do you feel that you get bigger or smaller when you walk?			
32. Does it seem that you are walking off the ground?			
33. Does the ground seem soft when you walk?			
34. When you walk does the ground seem to tilt up or down?			
35. When you walk does the ground seem to move in some way?			
36. Do you get dizzy when you walk?			
37. Do you have trouble with stairs now?			
38. Do trees or buildings seem to move or lean over now?			
39. Has your sense of taste changed lately?			
40. Can you taste your food?			
41. Can you smell your food?			

	SOMETIMES	YES	NO
42. Do some foods smell rotten now?			
43. Do some foods smell different now?			
44. Do you often get a sore throat?			
45. Do you bite your fingernails?			
46. Do you get headaches?			
47. Do you have painful joints?			
48. Do you get pains in your stomach or your chest?			
49. Do you suffer from cramps?			
50. Do you often have an earache?			
51. Do you sometimes wet the bed?			
52. Do you often feel more tired than you think you should?			
53. Do you lie down more now?			
54. Do you feel so tired you must lie down?			
55. Do your bones feel soft or rubbery?			
56. Is your school work harder than it used to be?			
57. Is it harder to learn now?			
58. Do you have trouble breathing now?			
59. Do you feel like throwing up?			
60. Do people seem to have a light around them?			
61. Does your face or hair look different to you now?			
62. Does your face get bigger or smaller when you look in a mirror?			
63. Does the mirror seem foggy now?			
64. Do you see double sometimes?			
65. Are you afraid of mirrors now?			
66. Do you get scared or feel nervous now?			
67. Do you feel afraid to go to school or work now?			
68. Do you wake up at night now?			
69. Is it hard to get to sleep now?			
70. Do pictures move a little bit when you look at them?			
71. Do chairs move or change shape now?			
72. Do people in pictures seem to breathe or to watch you?			
73. Do people frighten you when they look at you?			
74. Does your bed seem to move now?			
75. Do you feel sad most of the time now?			
76. Do people watch you more now than before?			
77. Do people seem strange or different now?			
78. Do your bedroom walls seem to move now?			
79. Do letters seem to change shape? e.g.			
80. Do numbers seem to change shape? e.g.			
81. Do numbers seem to change direction? e.g.			
83. Do numbers seem to change around? e.g. 41-14			
83. Do pictures or objects change color now?			

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APPENDIX B

The hyperactive scale adapted from Hyperactive Children by Mark A. Stewart, Scientific American, Volume 222, 1970 and from **Can Your Child Read? Is He Hyperactive?** by William G. Crook, Published by Professional Books, Jackson, Tennessee.

BEHAVIOR INVENTORY

Name _____

	Rarely or Never	Occasionally	Often	Usually or Constantly
Overactive				
Doesn't finish projects				
Fidgets				
Can't sit still at meals				
Doesn't stay with games				
Wears out toys, furniture				
Talks too much				
Talks too loud				
Doesn't follow directions				
Clumsy				
Fights with other children				
Unpredictable				
Interrupts				
Teases				
Doesn't respond to discipline				
Gets into things				
Speech problem				
Temper tantrums				
Doesn't listen to whole story				
Defiant				
Hard to get to bed				
Irritable				
Hard to please				
Cries				
Reckless				
Unpopular with peers				
Impatient				
Lies				
Accident prone				
Wets in daytime				
Wets bed at night				
Destructive				
Can't read well				
Can't write well				
Performs poorly in other school work				

APPENDIX C
The Four Day Rotary Diversified Diet

This diet is intended to rotate foods so no food is eaten more than one day in four. Only the foods on the diet of the day can be eaten that day. Milk is on Day 1, therefore milk and milk products can only be eaten on Day 1, then Day 5 and then Day 9, Day 13, etc. Rare exceptions are allowed, if the doctor agrees. You can choose any food of the day; it is not advisable to have snacks; it is not advisable to eat any food more than once on that day if you have marked allergy symptoms.

NOTES:

1. If you are allergic to the meat of the day - be it pork, beef, fowl or fish, you may substitute - **Mollusks** - abalone, squid, clam, mussel, oyster, scallop, or **Crustaceans** -crab, crayfish, lobster, prawn, shrimp. You may also substitute game animals which are available at times, such as caribou, deer, elk, moose, antelope, also rabbit, turtle, pigeon, squirrel, bear, horse. The four day rotation still applies.
2. Sweeteners are to be avoided if at all possible. Some may be used in cooking. The honey is a sugar refined by a bee.
3. A carbohydrate counter is a good investment if you have a weight problem. They are available at any health food store and many drug stores.
4. Gelatin is very good to whip into various desserts using fruit and fruit juices. Prepared jello has a high quantity of sugar. Buy Knox gelatin and flavor your own desserts using fruit or vegetables to create a mould. Gelatin should be used on beef day.
5. Soups - Most commercial soups are flavoured with sugar and thickened with wheat or corn starch. You should make soup stock by boiling bones from the meat of the day.
6. In growing children it may be allowable to eat whole wheat bread once a day if the doctor agrees.

7 Juices - May be made from any fruits or vegetables listed and used without adding sweeteners. Combinations are neither necessary nor desirable.

8. It is preferable to buy your meat from a butcher who makes his own sausage.

The 4 Day Rotary Diversified Diet DAY 1,5,9,13, etc

PROTEIN — Beef, veal, lamb, sheep, goat, venison, deer, moose, etc. Beef Products - beef weiners, beef bacon, corned beef, beef tongue, beef liver. Milk (Unpasteurized milk from a clean herd, is best.) Whole, 2%, skim, powdered. Cheese - all types - cheddar, cream, cottage, goat, rennet, etc.
GRASS - Wheat, barley, rye, malt, maltose. Use only whole grain for cereals and breads.
VEGETABLES - Group 1 - Celery, carrots, parsnips, dill, parsley, caraway. Group 2 - Beets, swiss chard, spinach. Group 3 -Onion, garlic, asparagus, leek, shallot, chives. Group 4 - Mushrooms, baker's yeast, brewer's yeast, wine vinegar. **FRUITS** - Group 1 - Bananas, plantain, arrowroot (musa). Group 2 - Boysenberry, raspberry, strawberry, loganberry. Group 3 -Coconut, dates.
FAT - Butter, coconut oil, cottonseed oil, flaxseed oil.
NUTS - Brazil nuts, hazel nuts, filberts.
HERBS - Basil, Savory, sage, oregano, thyme, marjoram, lemon balm. **TEA** - Comfry, fennel.

DAY 2,6,10,14, etc.

PROTEIN - Pork and Pork Products - Bacon, ham, sausage, liverwurst, headcheese, liver, pigsfeet, lard, pork gelatin, scrapple. **GRASS** - Corn - mature - corn meal, grits, hominy, popcorn, cornstarch. Green -tinned corn, creamed corn, corn on the cob.
VEGETABLES - Group 1 - Cabbage, radish, Brussels sprouts, cauliflower, rutabaga, turnip, mustard, sauerkraut, broccoli, horseradish, Chinese cabbage, collards, kale, mustard greens, rape, watercress. Group 2 -Sweet potato.
FRUITS - Group 1 - Apple, pear, vinegar. Group 2 - Pineapple. Group - 3 - Rhubarb, buckwheat.
FAT - Corn oil, corn oil margarine, rapeseed oil.

NUTS - Walnut, butternut, pecan, sesame, chestnuts.
HERBS ■ Avocado, cinnamon, bay leaf, sassafras, cassia buds or bark. **TEA** - Sassafras tea or papaya leaf tea, mate tea.

DAY 4,8,12, etc.

PROTEIN - Fish - all fresh or salt water fish: cod, haddock, tuna, whitefish, herring, salmon, sole, turbot, sardine, trout, bass, mackerel, sturgeon, perch, smelt, pike, pickerel.
GRASS ■ Oats, millet, bamboo shoots. **VEGETABLES** - Group 1 - White and red potato, tomato, eggplant, peppers-green and red, chili pepper, paprika, cayenne, olives. Group 2 - Lettuce, endive, escarole, artichoke, dandelion, sunflower seeds. **FAT** - Olive oil.
FRUITS - Group 1 - Orange, grapefruit, lemon, lime, tangerine, kumquat. Group 2 - Blueberry, cranberry, gooseberry, figs, breadfruit.
NUTS - Sesame, chestnut, English walnut, black walnut, hickory nut, butternut, pecan.
HERBS - Black and white pepper, peppercorn, tarragon, paprika, cayenne. **TEA** ■ Kaffir, lemon verbena tea, lemonade.

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