

## **Childhood Behavior**

### **ADD & Hyperactivity**

This practice has worked in developing strategies for reducing the school and home behavioral disturbances in children for thirty years. The past twenty years have shown moderate to large decreases in disturbed behavior using natural approaches not involving the use of synthetic drugs. The investigations involve dietary examination for metabolic balance, skin testing to identify problem foods, blood tests for nutritional deficiencies, stool and urine analyses to assess overgrowth of potentially harmful yeasts, molds and bacteria, as well as saliva testing for adrenal imbalances.

Several investigators have identified behavioral disorders in children with documented low cortisol levels (see partial bibliography below). We took twenty children with such parental complaints who had saliva collected for diurnal cortisol levels. All twenty showed low levels and when given low doses of cortisol, seventeen children clearly improved in some manner. Comments from observers included: "mood swings halved," "calmer," "much improvement in conduct," "improved behavior at school," "improved attention," "much happier, more confident, less defiant," "decreased mood swings, irritability and forgetfulness," "mellow," "decreased fidgeting, crying, temper tantrums, irritability, destructiveness, recklessness and peer fights," "less irritable and more even-keeled," "decreased ADD, more focused," and "decreased sound hypersensitivity." Two children showed "no improvement" or "no clear benefit." One of these children who did not improve had streptococcal allergy (PANDAS) as an associated disorder and one had untreated intestinal Candidiasis. None of these original twenty children seemed to have noticeable adverse effects and many have continued on the treatment for many months with apparently good results. No children demonstrated evidence of adrenal suppression.

Before using treatment with low dose cortisol, we will exclude Candida colonization with a Microbial Organic Acid Test of the urine. You can expect dietary restructuring, food allergy skin testing, nutritional supplementation, reduction of intestinal yeast and mold colonization, and possibly metabolic balancing as described above. Many diverse childhood neuro-psychological disorders respond to this approach. We are currently accepting children for natural treatment of behavioral difficulties of mild to moderate severity. Please call our office at (508) 854-1380 to set up an intake with Dr. N. Thomas LaCava.

## Partial Reference List:

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7. Luby JL, Heffelfinger A, Mrakotsky C, Brown K, Hessler M, Spitznagel E., Alterations in stress cortisol reactivity in depressed preschoolers relative to psychiatric and no-disorder comparison groups., Arch Gen Psychiatry. 2003 Dec; 60(12):1248-55.
8. McBurnett K, Lahey BB, Rathouz PJ, Loeber R., Low salivary cortisol and persistent aggression in boys referred for disruptive behavior., Arch Gen Psychiatry. 2000 Jan; 57(1):38-43.
9. Oosterlaan J, Geurts HM, Knol DL, Sergeant JA., Low basal salivary cortisol is associated with teacher-reported symptoms of conduct disorder., Psychiatry Res. 2005 Mar 30; 134(1):1-10.