# Well . . . What is it ADD—Food Allergies, Heavy Metal Toxicity or ????

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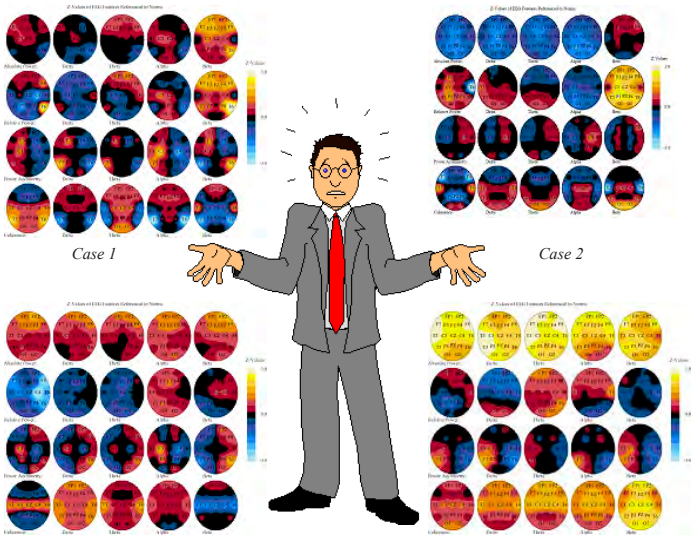
Most of us have been faced with what seemed to be a fairly straightforward presenting set of client complaints that would easily fit an Attention Deficit Disorder profile. When using the DSM-IV criteria and standardized parent and teacher questionnaires such as the Connors Profiles everything appears to line up and a classic set of data points concur. But when we take a look at the client's qEEG the seemingly straightforward pattern often becomes a bit more complex, and may even be more confounding when we apply classic neurotherapy or qEEG guided ADD protocols and find that at best we have either minimal success and/or progress doesn't hold for very long.

Across the country at the Crossroads Institute Centers, we too have been perplexed by cases such as these. Over the years, we have been collecting data in order to determine if there is anything in common among these cases, that may explain the variability of response to similar treatment in seemingly similar patients. As we analyzed our clinical data, we have begun to learn that environmental and nutritional factors may play a crucial role in explaining these differences. Moreover, we have begun to identify several recurring qEEG patterns that we have come to recognize as indicators of underlying nutritional, toxic or allergic factors which are likely to modulate our client's response to treatment. We have been asked to share some of these emerging findings with readers of NeuroConnections for this special issue.

Have you ever seen Qs like those in fig 1? Unfortunately across the country in the last few years we have begun to find these types of cases to be more common than not, especially cases such as those illustrated by patterns 2 and 4. Of the four cases illustrated in the figure, one is truly and simply an ADD child. The other three are not, but their presenting symptoms could easily be construed as such. Sadly, in all four cases, their teachers and schools insisted that they be put on medications before they were allowed to return to class. One parent refused, the other three complied, with resulting negative medication reactions.

***Fig 1.*** *Four different ADD clients presenting with similar complaints and severity of symptoms*




In order to more effectively assess and treat to these types of presenting challenges, at Crossroads we have organized ourselves into multi-disciplinary teams. Each local team consists of a psychologist, a physician with expertise in functional or integrative medicine, a neurodevelopmental specialist and a talented team of electrophysiologists who interpret and integrate qEEG data with the findings from the different disciplines.

The cases presented in Figure 1 highlight this integrated approach: Case 1 is a classic ADD child who responded to qEEG driven protocols. However, neurotherapy gains didn't hold until the medical team found a significant imbalance in the fatty acids. After additions of the proper balance of Omega 3 supplementation the child responded very well.

Case 2 was a child with heavy metal toxicity which it appeared to have been acquired in utero. This was determined after heavy metal testing with mom as well as child. Additionally, significant developmental delays also were also measured. These which included memory function, auditory processing system, and the ATNR primitive reflex which affected the child's eye tracking ability. The child's attentional and learning issues resolved well in response to an integrated program including neurodevelopmental exercises, heavy metal detoxification (for lead and mercury), and neurotherapy.

In Case 3, the team found an allergy to wheat and milk, which may have accounted for the failure of initial treatment gains to hold over time. After eliminating the allergens from the diet, further testing continued to indicate ADD symptoms, but the child now responded well to a program of neurofunctional training activities and returned to class symptom-free, as long as the diet is was maintained.

In Case 4, the team isolated several factors. These which included an active Candida infection in the gut combined with several allergy symptoms related to a "leaky gut" syndrome and significant delay in maturational speed of processing. Combining neuro-functional development activ-

ities with neurotherapy and the medical healing protocols allowed the child to gain the proper neurofunctional abilities required be accepted by his teacher with out medications.

As a team, we've collected clinically derived empirical data sets in an attempt to look at many of these issues from a multi-disciplinary perspective. These measures include results from neurofunctional/developmental profiles, allergy profiles, neurotransmitter profiles, standard biomarker medical profiles of liver, heart, and sugar conversion functions, TOVA and any other bio/performance markers we can find. In addition to traditional eyes open and eyes closed qEEG, we utilize functional qEEG during cognitive task, using Evoked Potential and Event Related Potential techniques, with reference to the database developed at the Institute of The Human Brain of Russian Academy of Science by Dr. Juri Kropotov.

To summarize some of the empirical patterns that our team has begun to identify, the following chart will hopefully be useful:

| Findings | Absorption | Heavy Toxic | Allergies | Delayed Cortical/SubCortical Maturation | NeuroTransmitter |
|---|---|---|---|---|---|
| | | | | | |
| High Delta or theta or Alpha ADD | | | X **Foods** | X | X |
| High Beta ADD | | X | X | X | X |
| C3/C4 ADD | | | X | | X |
| High Beta ADD | | X | X **Chemicals/molds** | X | X |
| Resistive Depression P3/P4 asymmetry | X | X | X **Foods Chemicals/molds** | X | X |
| High Beta Anxiety complaints | X | | X **Chemicals/molds** | | X |
| PDD | X | X | X | X | X |
| Autistic | X | X | X | X | X |
| Speech Delay | X | X | X | X | X |

*Curtis Cripe, PhD is the director and founder of Crossroads Institute and its centers and affiliates, which include eight locations in Arizona, Texas, Florida, Maryland, and California. He has published three scientific articles and a recent book chapter on neurotherapy. Curtis Cripe holds a Ph.D. in Research Psychology with emphasis in Neurodevelopment and Psychophysiology as well as a Masters Degree in Aerospace Engineering. He is board certified in Neurodevelopment and Neurotherapy. Due to his early professional years as a top aerospace engineer for NASA's Jet Propulsion Laboratory, Dr. Cripe understands the need for precision and has gained an appreciation for concrete, scientifically-based (objective) measures.*

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