

Healing your child from ADHD: A checklist for evaluation & treatment

By Dr. Erika Krumbeck, ND

Introduction:

A note from Dr. Krumbeck:



I hope you find this checklist informative! This checklist is based on my clinical experience and research in treating children with Attention Deficit Hyperactivity Disorder (ADHD) and related behavioral problems. I use a three-tiered approach when it comes to treatment of ADHD.

The first tier involves eliminating other possibilities and other potential diagnoses that could be mimicking ADHD. **(Is it really ADHD?)** It is truly astonishing how many cases of ADHD in children are actually misdiagnoses. Things like iron-deficiency anemia, thyroid disease, or heavy metal toxicity (especially lead or mercury) often look just like ADHD. The children in my practice are screened for these conditions first because in my experience at least 50% of the time I see kids have something other than ADHD.

Another part of the first tier is evaluating children for a source of pain. I have a hunch that a subset of kids with “ADHD” are actually feeling sick or hurting. Perhaps this sounds strange, but I think it actually makes a lot of sense; people who are uncomfortable are often restless to get their mind off of the pain. In kids I think it is even worse because they don’t have a good understanding of what different sensations mean. It can be scary for a child to be in pain and they may not even

recognize it as such, especially if they have never experienced “normal” (pain-free) health.

The second tier involves asking the question **WHY is it ADHD?** I believe that ADHD symptoms are usually caused by something irritating the nervous system. So what is it? Leaky gut syndrome, sensitivity to food colorings and additives, genetic defects, oxidative damage, or poor sleeping habits can all cause irritation to the nervous system. In addition to removing these factors we need to add nourishing nutrients to help calm and soothe the nervous system and protect against future damage.

When all else fails we move onto the third tier: **Check the biochemistry.** Many naturopathic doctors I know start at this step because it is so effective. We can do a blood or urine test to check the levels of neurotransmitters and supplement the ones that are low or give cofactors to stimulate production. I use this as the last resort because changing the biochemistry in the brain doesn't address the underlying cause. It is always my goal for my patients to heal naturally and not be dependent upon supplements for the rest of their lives – when we follow steps 1 and 2 we are usually able to avoid that dependency. When we skip straight to step 3 it usually means that patients are dependent upon taking those supplements in the long term. Also, many of these biochemical imbalances resolve themselves just by following steps 1 and 2 – sometimes we can go crazy chasing lab results around because we forget that people are not lab results.

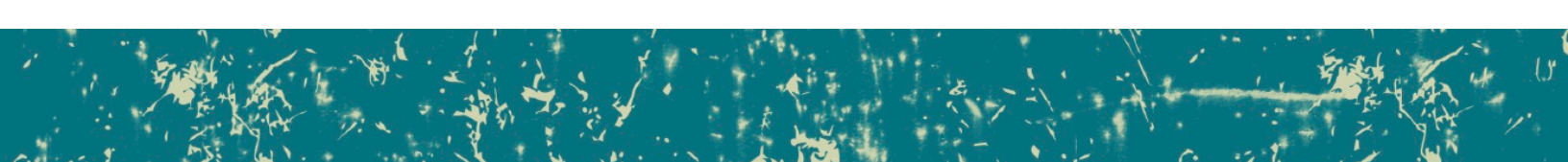
This list is quite long, but it is not completely exhaustive - you know your child the best and what could be possible triggers for his/her ADHD symptoms. I am excited for you and your family to start this healing journey!

If you have any questions please don't hesitate to ask. You can e-mail me personally at erika@mtwholehealth.com. Short questions I may be able to answer directly, longer questions may require a longer paid consultation.

Finally, I hope you will join me on [Facebook](#) or [Twitter](#). Ask questions on my Facebook page to get the fastest response - then I can share the answer with others who likely have the same question. (Please do not ask questions that could be considered confidential health information. Social media is not the place for diagnosis or treatment. See your doctor for that.)

In Health,

Dr. Erika Krumbeck

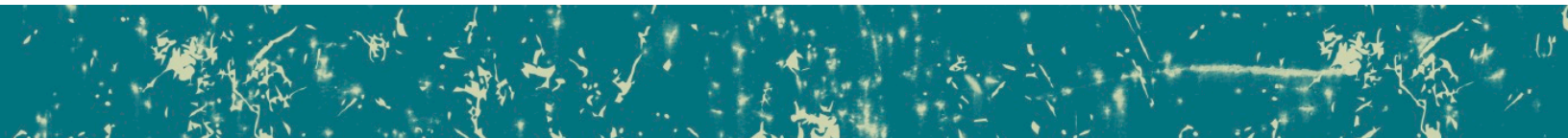


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Pre-treatment

Evaluating the effectiveness of each Tier.

I recommend using the **Vanderbilt ADHD** scale for parents to evaluate treatment effectiveness. Do a pre-treatment evaluation and after every month of significant treatment change (e.g., one month of food allergy/sensitivity elimination.)

Other pieces of evaluation that may be helpful:

1. Rating sleep quality/quantity (number of hours of sleep, how many times child interrupted parent, etc.)
 2. Assessing gut/intestinal symptoms (number of bowel movements per day, stool consistency, have a physician perform an abdominal exam and rate abdominal tenderness based on how deeply the physician can palpate). *Not all ADHD have abdominal symptoms, but many do.*
 3. Assessing the severity of other symptoms as an indicator of overall health (e.g., number of times using an inhaler for a child who also has asthma.)
 4. Rating school performance. Grades and teacher evaluations are a great way to assess effectiveness.
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Tier I:

Is it really ADHD?

Doctor's visit:

A physician should be seen to perform an in-depth physical exam to rule out major medical diagnoses.

- ❑ **Full screening physical exam.** Including neurological exam, abdominal exam, lymph node palpation, full skin check (examining all surfaces of skin), cardiovascular/respiratory, and EENT exam. **Encourage your doctor to inform you if anything is even slightly off.** These signs will be used to monitor treatment. If at all possible try to get quantitative measurements (e.g., physician could only palpate 1 inch due to tenderness of abdomen, or lymph nodes were enlarged to 1 cm x 1 cm.)
- ❑ **Rule out any cause of pain.** I very frequently see children with ADHD present with conditions that cause pain ("tummy" troubles, migraines, sore throats, etc). This must be ruled out and treated first!

Basic lab work:

Basic lab work is meant to rule out major medical diagnoses first. Ask your doctor to order:

- ❑ **CBC with differential + serum ferritin.** To rule out anemia and iron deficiency.
- ❑ **Whole blood lead.** To rule out lead toxicity. (Note: all children should be screened once in a lifetime. Whole blood lead is the most reliable test.)
- ❑ **Comprehensive Metabolic Panel (COMP).** Including glucose, serum electrolytes, liver function tests. To be completed once to rule out diabetes, electrolyte imbalances, screen for other rare metabolic problems.
- ❑ **Vitamin D (25,0H vitamin D).** To rule out vitamin D deficiency. (Extremely common in the northern half of the U.S.).
- ❑ **TSH.** To rule out thyroid problems. If other hypothyroid symptoms are present I recommend running a **Free T3, Free T4, anti-TPO and anti-TG antibodies.** The latter only need to be completed once to completely rule out the possibility of Hashimoto's thyroiditis.
- ❑ **If necessary: Random Urine Mercury,** if exposure is suspected.