

Attention Deficit Disorder

What Every Parent Needs to Know

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"Your child has ADD."

"Your child can't return to the classroom until he gets treated for hyperactivity."

"Your child needs evaluation by the school psychologist."

If you've heard any of these statements before, then here's what you need to know: *there is no set of clinical tests that can objectively diagnose **Attention Deficit Disorder***. So if your child has been identified as having this problem...what are you to do?

Well, the first thing to understand is that if your child has taken Ritalin, a commonly prescribed drug for **Attention Deficit Disorder**, then he or she will not be considered suitable for serving in the Armed Forces (according to Army recruiters, there is a potential brain alteration caused by the drug). And so we have to ask ourselves the compelling question: *Should we risk medicating children with potentially brain-altering drugs on the outside chance that they will be beneficial?* Do the risks outweigh possible benefits? Could we accomplish behavior modifications some other way? And what's behind this type of problem anyhow?

It will help you to look at some lifestyle support issues that have a major bearing on children's behavior. First of all... there's television. The average American is watching 6 hours of television per day. This is both

sedentary and over-stimulating with negative messages.

Limit your child to no more than 2 hours (preferably less) of viewing per day. Take the television out of your child's room and do not use it as a babysitter.

Ditto for computer games. Send your child to your backyard gymnasium for a little old-fashioned physical play.

Stop feeling like a failure if your child has been singled out by the school system. You are not alone. In some school districts, nearly **HALF** of all kids are being labeled with such problems.

There are many other proactive steps that you can immediately take to shift things. Really work to improve your child's diet. Cut out sugar, white flour, chemical additives and preservatives as much as possible.

Have your child drink plenty of pure water (use an interesting glass and straw to stimulate acceptance). Cut down and then out on sodas, kool-aid and the like.

Stop using **Happy Meals** and cookies as rewards. Substitute non-toxic prizes like a trip to the zoo, an art project or a story-reading.



Be sure your doctor is aware of your desire to only use absolutely necessary medications. The body chemistry problems that might be triggered by the drugs could outweigh the benefits, and drugs like antibiotics should only be taken when a culture or other test indicates a bacterial infection.

12 Keys to Helping Your Child Feel Better

- 1) Less television
- 2) Fewer computer games
- 3) More physical play
- 4) More sleep
- 5) More water
- 6) More fruits and vegetables
- 7) Fewer fast foods
- 8) Much less sugar, white flour, and additives
- 9) Only strictly- needed medications
- 10) No silver amalgam tooth fillings
- 11) "Language" your child into better behavior
- 12) Use the natural ADD protocol listed here on a daily basis.

If your child needs tooth fillings, communicate with your dentist about your desire to avoid mercury (silver) fillings. Possible materials to use instead are composite (inexpensive), or porcelain. Our first line of defense is to add an effective nutritional program. Give your child this protocol every day: For breakfast: **One-3-4oz glass of Biomega, 1-Vital Green 1-Body FX shake** (glycemicly-indexed with a 6 hour timed-release on the nutrients). For lunch and dinner, also give a **Vital Green** if at all possible.



Be sure your child gets 8 hours or more of sleep. Studies clearly show that a sleep-deprived child is crabbier and much more of a behavior problem. Here are your

child's actual sleep needs, according to the **Chicago Tribune**, quoting Dr. Judith Owens, a pediatrician at Brown University:

How Much Sleep Kids Need

- 1-year-old:** 14 hours, including one or two naps
- 2-year-old:** 11 to 12 hours at night, plus a single after-lunch nap that lasts 1 to 2 hours
- 3-year-old:** 12 to 12 ½ total hours, with some kids stopping naps
- 4-year-old:** 11 ½ to 12 hours, with more kids stopping naps
- 5-year-old:** 11 hours, with most kids stopping naps by this age
- 6-year-old:** 10 ¾ to 11 hours
- 7-year old:** 10 ½ to 11 hours
- 8-year-old:** 10 ¼ to 10 ¾ hours
- 9-year-old:** 10 to 10 1/3 hours
- Age 10 through puberty:** 9 ¾ to 10 hours
- Teens:** 9 ¼ hours

In addition to doing these things, you will want to "language" your child into having a great day in school while doing better in classes and on tests by reinforcing positive things in your conversation.

Here are what parents who have participated in this pilot program are saying: *"My son's teacher met me at the door the first day of kindergarten with a report that sent me into tears. Instead of Ritalin, I chose to work this all natural way, and now he's gotten the **Best Rester Award**, and turns down candy because he knows it makes him feel bad. He's gone from staying up half the night to turning in at 8:00PM. Our lives are so much happier now."*
-Sandy Williams, TN

"My son has not taken Ritalin (after 11 years) since I talked to you. He is thrilled and hasn't had any problems at home or school and in fact has progressed tremendously in his efforts at school (last week he was given the most improved student award at his high school!)"
-Renee Judkins, MI

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