

Diagnosis and Treatment of Perceptual Dysfunctions, Hyperactivity and Learning Disabilities

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Perceptual dysfunction and learning disorders are closely related. They are becoming one of the major problems we must face today. One American survey suggested that more than 20 percent of children are learning disabled. Perception is how the mind "sees" or interprets stimuli coming in from all our senses. These stimuli are bits of information from our whole environment, internal and external. To perceive is to be mindful, to appreciate, to be conscious of our environment. There are special sense organs which relay stimuli to the brain; these are the eyes, ears, nose, tongue and skin. Within the body are other sensing organs, e.g. in the lung, in the gut, and in other internal organs. Each muscle, joint and tendon has its own pathway to send messages to the brain. There are sensations for pain and pressure, heat and light, height and depth. The body is a wonderful instrument and is capable of an infinite number of adjustments which keep it in

order. We humans are the most marvelous machines in the world, yet we spend more time and money looking after our cars than we do taking care of ourselves. If we ate properly, exercised, got the right amount of sleep, and so on, we could live much longer than we do now, and also be productive. In my research over the past 13 years, I have concluded most of our problems are caused by what we eat. There are other factors of course, but food is by far the most important. We eat about 1500 pounds of food each year which includes several pounds of chemical additives, which our bodies were never meant to handle. The water we drink is contaminated by hundreds of chemical wastes. The air we breathe is polluted beyond comprehension. Highly refined carbohydrates, the flours, sugars, starches, and chemicals, and bad habits, all lead to extreme stress in the body. This overload leads to changing perceptions or dysper-ception (bad perception) in a high percentage of people. This means complaints of pain, fatigue, depression, anxiety, visual disturbances and so on. A diagnosis based on these many different system complaints is difficult to elucidate, unless we all keep in mind these perceptual distortions.

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Case Report

"It is a wise father that knows his own child."

-Shakespeare

Robert C. came to see me on May 4, 1981. He complained of hyperactivity which he had been trying to cure with alcohol, since the age of 14. When he drank he became belligerent. He was out on bail when I saw him; he had beaten up a friend of his. He discovered that smoking pot, up to 20 reefers a day, would keep him relaxed. He could let the world go by and keep out of trouble. He likes to farm, but his father couldn't stand him any more and sent him away. He was married at 18 (he is now 30) and is the father of a five-year-old hyperactive child whom he diagnosed. There are many parents who cannot, or will not, recognize their child to be different. They prefer to struggle along hoping the clock will unwind. Robert has reached the bottom. He wants to get his daughter on a regime so she won't suffer as he has done. She would then be easier to love. Child or adult, love and attention are what make us happy. Robert found out, after being sick for 30 years, that he must discipline himself. The courts and the jails can't do that. He must be willing to sacrifice the highs brought on by stimulants including sugar. It is ridiculous to believe jails can rehabilitate, unless and until they take diet into account, and use diet as a weapon. This is where we, as parents, must get into the act, before a hyperactive child reaches the age where you cannot impose your will in regards to diet. At six they eat what they are told. At twelve they eat what they want. I am not saying we can solve the world's problems by diet. What I do say is this: You can stop most problems from developing by feeding a child properly. Robert S. Mendelsohn claims infant formulas are the granddaddy of all junk foods. He is right, in my book. You see how early one must start a prevention program. It is a vicious circle. Diet caused hyperactivity means the child literally runs all day long. The mother discovers soon enough that sugar, in one form or another, will make the child stop for a few minutes. So she gives him juice or bread or cookies and off he goes again. The mother thinks in the present, not what the future might bring. Prevention begins now.

Prevention and treatment in a hyperactive child or adult are one and the same thing. A

grandfather asked me about his three-year-old grandchild not too long ago. She was hyperactive, the parents didn't really think there was too much wrong, because she had always been very active. My advice was to stop all milk and wheat and sugar. Within two days I later learned, she was a different child altogether. She could be cuddled for the first time and played quietly for the first time. This was something new for the parents. The very young parent can cope with the continual goings on of a hyperactive child. They don't recognize hyperactivity or are afraid to ask. The first step to any cure is for the patient to realize he has a problem. The second is wanting to do something about it, and the third is doing it. If parents could realize the grief that is to come, I am sure they would be diet conscious from the moment of conception.

Case Report

Shelly is a beautiful 16-year-old brought to my office by her exasperated parents. She'd left home two weeks before, by mutual consent. She quit school in grade nine, gaining weight and becoming more cantankerous every day. She tried to commit suicide in January by overdosing. The child knows that pop makes her more hyperactive. It makes her feel good for a time. Pop is her "fix". She cannot get along with her friends. She had been diagnosed as hyperactive years ago. Ritalin did not work. The mother was told the child would grow out of it. This is why she waited until the child was 16 before she came to see me. There are patients who lose their hyperactivity only to develop other problems—ulcers, nervous breakdowns, colitis and so on. A 16-year old, if not highly motivated, is very difficult to deal with. They want the good life and no responsibility whatsoever. Some parents seem happy to let a child have his own way. I find this hard to understand. Oscar Wilde said; "Children begin by loving their parents, as they grow older they judge them, sometimes they forgive them." Mark Twain said: "All children should be put in a barrel after birth and fed through a tube, and at the age of 12 the bung should be put in." I

wonder if Mark Twain had a hyperactive child to contend with?

Case Report

Noel was 10 years old when he saw me first in July, 1979. He was hyperactive and very difficult to handle, he had depression and was suicidal. In school the major problem was swearing, fighting, breaking desks, terrorizing the teacher and demanding attention all the time. He had a lot of physical complaints: nausea, vomiting, dizziness, aches and pains and anything he could think of to complain about. I discovered that he had a lot of perceptual problems. The ground moved, his bed moved, he saw little men who would yell at him and they made him frightened, words moved up and down, off the page. He was called a slow learner although his mother said he hooked up his own speaker system and could start their tractor without a key. He was electrically minded.

Family History: alcoholism, obesity, diabetes, cancer. Diet History: quart of milk, quart of tang and half a loaf of bread each day. He would eat sugar out of the bowl.

Perceptual Dysfunction Test was 3 plus, the HOD Test was 71, Short Form 6, Hyperactivity score 111. I diagnosed him as subclinical pellagra, learning disabled behavior problem. Allergy testing, several mild allergies, vaccine was made. He was given intravenous vitamins twice, and he was taken off bread, milk, sugar and tang for three weeks. Four day rotation diet, vitamins and bacterial vaccine. I have not seen the boy since 1979, but have phoned and have had contact with the mother by letter. By September, 1979 his hyperactivity was much improved, his attention span was better and if he got angry he would walk away rather than fighting. He was able to sleep for the first time in his life. By June of 1980 Noel had received an award for most improved student in the school. The referring psychologist found it difficult to imagine that within one year this boy would be functioning normally in a regular classroom. This boy's parents were extremely co-operative, the child was co-operative and interested in getting better; when he ate something that made him sick he would take a dose of salts. His learning disability was caused by perceptual

problems due to being "drunk" most of the time on milk and tang and bread.

This convention is concerned about nutrition in health. I am concerned to learn if there is a common denominator, for many of the problems in nutrition and health. Is there an avenue we pass by which just might help our patients? Do we think of the patient as a person needing help, or as a body to be investigated? It might be nice to know the limits of a child's ability and outline his disabilities, but does this do anything positive for a child? One wonders who benefits from expensive testing, the child, or those doing the tests? I see reports from the laboratory, and psychological test results, but rarely do I see information about diet or even perceptual changes. If perchance some perceptual changes are mentioned, the psychologist will try to explain why they are present. Who does that help? It is easier to accept a statement that words move or voices are heard, than to try to fit such a statement into a concept dreamed up by a psychologist. The cost of a workup for a hyperactive child at any university clinic level is very high, I would suspect about \$2,500 or more, when you include the staff and transportation and capital costs and so on. When will we come to the point when the bung will be hammered home, because of costs? Such drastic action is not necessary, if we will ask a few simple questions. Then try some simple treatments which rule out most of the problems. Treat the patient instead of searching for a definitive diagnosis. All this expensive testing and patient bed days and parental concern can be avoided to a large extent by asking the right questions.

CLINICAL APPROACH

The clinical approach is in disrepute now. The clinician in the front line of medicine, even with all his experience, is led to believe his experience is not helpful. Is wisdom restricted to the ivory tower? I am a firm believer in the universities and professors, but first I am a clinician, and a good one. If I

find something which works in practice, better than current medical treatments, I want my patients to have the benefits of these findings. I also want other doctors to do what I do and see if it works for them. Ten years ago I evolved a protocol for the treatment of delirium tremens. This is when an alcoholic patient is hallucinating and frightened, argumentative and obstreperous. Often it takes several people to keep him from harming himself. I even published this routine in our provincial newsletter for doctors in 1974. Our nurses and even administration soon learned my patients went home after a day or less and were never a nursing problem. Patients on ordinary therapy were much harder to handle, were in longer, and tied up more staff. This state of affairs is still going on, after ten years. They still will not use vitamins and fastings and enemas for patients with DTs. Progress is slow in medicine. It seems all knowledge must emanate from universities, before being accepted, even on a few. This wouldn't be so bad if they would at least teach medical students about "the other medicine". They will not, or cannot do that. The recent graduate is harder to convince than the doctor who has been in the field for several years. The new doctor feels he knows everything. He has not yet been exposed to the vagaries of Mother Nature.

I recently read a book, **The Soul of the Ghost Moth** by Philip Callahan. In the foreword there is a statement which says what I feel: *Most of what is generally called the scientific system is not science at all but merely procedure. The procedural aspect calls for setting up experiments that eliminate other possibilities, or it deals with making instruments that enable the investigator to find what he is looking for. The backbone of a true scientific system, however, has to do with asking the right questions, not procedure. And, in order to ask the right questions, a scientist has to understand the meaning of cause. . . A scientist can only ask the right questions after his life has absorbed the experience that led him to a vision of the Creator's handiwork, hence the right question.*

Experience is a great teacher. Observation and cogitation can lead to a better way. Over these past many years I have been observing and

questioning my patients. I discovered subclinical pellagra in 1969 and published it in 1971. Since that time I have been homing in on the cause of the perceptual changes of subclinical pellagra. At first I thought it was all due to lack of vitamins, then I thought it was a lack of vitamins and low blood sugar. Then allergy came along and I worked on that for years. The last few years I have been looking for a common denominator for many related conditions: allergy, low blood sugar, subclinical pellagra and now cancer, asthma and many other related problems. I suspect the lowest common denominator is food. A simple thought, but one which took me a long time to recognize. "The words of truth are simple" Aesculapius. We can't see the forest for the trees. Marshall Mandell suggested to me in 1971, in our Dallas meeting, that he and I were talking about the same illness; he with his cerebral allergy and I with my subclinical pellagra. It took me three years to catch up to his thinking because I did not want to believe him. Finally, I had to. Human nature is a wonderful thing. It slows up our reactions enough, so our experience will allow us to cope. Some take longer than others. I have been learning disabled in that regard. You see, we all have our problems. Asking the right question is one thing. Recognizing the right answer is another. Frequently we lack experience enough to interpolate what we hear as the correct answer. Fortunately, you don't need all the answers, before treating patients. We do this empirically. We can go ahead and treat our patients even though we don't have the whys and wherefores, if we are using non-toxic substances like vitamins and minerals. These can almost be used with impunity. Food has been used as treatment since the world began. Only since the advent of modern medicine have we strayed from this well worn path to health. The empirical approach to treatment, using diet and vitamins, brings good results for the patients. Unfortunately, it brings threats, abuse and denigration, to its practitioners.

Let me give you an example of this empirical approach:

Case Report

Melanie A. was 8 years old when she saw me in February, 1977. Complaints: perennial nasal allergy, nose bleeds, hyperactivity, fatigue, depression, awkward, vague, hard to handle and miserable. She had oodles of perceptual changes. She couldn't kick a soccer ball because she saw two balls, the ground moved, the ball would change shape, and she felt that she was walking off the ground. Words moved, numbers moved, stairs moved, her face changed shape. She had been streamed as a slow learner in grade one. Once you get into this stream it is almost impossible to get out. Family History: There were allergies, diabetes and schizophrenia in the family. Diet consisted of fruit loops for breakfast, desserts and hot dogs at noon, lots of milk, bread and cookies. Diagnosis: Subclinical Pellagra and hyperactivity. Her treatment consisted of the rotation diet, an allergy vaccine, bacterial vaccine, plus vitamin B3 and C, B6, and Hypotency vitamin mix. In six weeks many of her perceptual changes had stopped. In nine months she was reading much better and enjoying school. She was getting A's in 1978. In the fall of 1978 she was getting miserable again, feeling sick, cold, tired, sleepy. I gave her a myo-flex treatment which seemed to make a tremendous difference. By March of 1981 she was in the top 10 percent of her class, getting A's and B's. She was not a slow learner any more. She is now tutoring a retarded boy and is doing very well. What would I do differently now? I would put her on a fast and use intravenous vitamins and the myo-flex in the beginning. The myo-flex seems able to balance the neuro-vegetative and neuro-muscular systems, yes, and even the central nervous system itself.

Myo-Flex

Now, to get off on a bit of a tangent, I'll tell you about the myo-flex. It is a machine which generates sound waves between 200 and 4,000 cycles per second. These waves are inducted into the body by using wet pads applied to the body, at any particular point.

You can stimulate or sedate by changing the waves and their intensity. These waves are carried along nerves and blood vessels because they are synchronized with the brain waves. Neuro-vascular, neuro-muscular and nervous system can all be treated with myo-flex. Since disease involves these systems, it is a very useful adjunct to therapy. I use myo-flex therapy for two reasons—it works and the patients get better sooner. The scientific explanation of how and why myo-flex works has not been studied. The FDA will only allow its use for muscular problems, so no university grad researcher will touch it. Its inventor is still alive; he's 89. I discussed this machine with him at length and decided its use should be much wider than what was suggested. I have not been disappointed. Why would little Melanie come 300 miles to have a treatment, at her insistence, if it didn't work? Why would her mother agree, unless it worked? There are some things we cannot explain, given the present state of the art. I use what works. I need results, not explanations. This child switched from being a slow learner to the top of her class, because we changed her diet from sugar, bread and milk to the four day rotation diet; because we put her on vitamins which helped her body enzymes back on track; because myo-flex therapy directed her entire nervous system back into phase. As far as I'm concerned, the whole idea of medicine is to get your body working for you, not against you. Mother Nature can do her job only if she is given the tools which are the proper nutrients. At the same time, those foods which caused the body to get out of phase in the first place, must be removed. Work with the body, work with nature, use natural substances, stimulate natural pathways and the battle is more than half won. This is all empirical, but the results speak for themselves.

Case Report

Let me tell you about another little girl, Rhonda, whom I saw in June, 1972. She was so ill I admitted her to hospital. She was seven years old and was impossible to

handle or teach. She was very hyperactive and very learning disabled. She had word reversal and even hearing reversal. She wrote backwards. When she looked in the mirror her eyes turned red. Anyone she looked at had red eyes. She told me my face looked like that of a dog, a bad prognostic sign, as a rule. She wet the bed, told lies, would steal and could not be disciplined.

Family History: alcoholic father, a mother with low blood sugar and relatives with schizophrenia. Diet: milk, bread and sugar. She refused vegetables and meat. Her treatment: This is the first child I ever gave intravenous vitamins to, plus a high protein low CHO seale harris type diet which I abandoned about six years ago. She went on large doses of Vitamin B3, C and B complex and improved quite a bit in hospital. Then the parents moved to northern Alberta. It took the mother and child five years to get on an even keel. The child is now in grade 10 and is one of the finest figure skaters in the province. She is an average student. Had I been treating her at this stage of the game, I would have treated her at home by putting her on a fast for a day or two, then demonstrating to her mother how milk, bread and sugar react. This would scare the patient enough and the mother so it wouldn't take five years to make her responsible for her own care. Patient responsibility is really the only way.

Any state of wellness or illness is determined by the patient. Does he want to be well or not? It took me a long time to accept this fact. Only the patient can make such a decision, in spite of our best efforts. He is the one who suffers, and he decides how much he will cheat. If diet is watched closely, a state of health can be achieved and held, just so long as a patient will stay within the bounds of common sense. Everybody will cheat some time. Some keep on and on. Some refuse to learn from experience. These are the patients who want their parents or the State to do everything for them. They will not accept any responsibility. Someone else is supposed to make them take their pills, prepare their meals and make sure they don't cheat. It does not work. I advise parents of such a patient to let them go and forget about them. It seems cruel, perhaps, but sometimes this will shock

them into being responsible. In a no-win situation you must try anything and everything.

TREATMENT

Treatment is divided into four categories: Diet, Immune System, Psyche, Soma.

Diet

The effectiveness of the diet in treatment is determined by the state of the digestive tract. Everything depends on absorption of food and vitamins from the gut. One reason for big doses of vitamins is the inability of the gut to absorb. Many patients simply do not get nourishment from their food, they cannot digest what they eat. I recall one patient with asthma, so severe that he was on large doses of cortisone and still failing. Fasting improved his asthma, but he could not eat. When he did, he got asthma from most foods. He lost 50 pounds, he was down to the weight he was at the age of 18, his ideal weight by the way. By putting him on juice therapy and balancing his vitamins and using hormones I was able to get him back to health. However, he has found it necessary to puree most of his food. His gut, his gastro intestinal tract just cannot digest food that he chews himself. At the age of 52 he had reached the end of the road. Now he has purchased another quarter of land and is feeling fine. His C.I. tract is working better and his asthma is better.

If food cannot be broken down or digested properly before it is absorbed into the blood stream, it will cause allergic reactions. This is the whole crux of allergy, and of treatment, in my opinion. All else is secondary to this very basic fact: if the gut cannot digest food, all the other treatment will be slowed or even become useless to the patient. Food is the common denominator in treatment. Foods which are highly refined cause the most problems because they are more likely to be chewed less and swallowed faster so the gut has little chance to digest it. The lining of the gut is actually damaged by food, for example in coeliac

disease or colitis. After a time even unrefined food will cause the same problems because of the damage to the gut or because of a change in absorption. The gut does not get a chance to recover if we eat the same foods day after day.

I base most diet programs on the four day rotary diversified diet. Any food group if used only once in four days, will allow for that food to be eliminated from the G.I. tract. This means even though you *are* mildly allergic to a food, it can be eaten after four days because the gut has had a chance to recover. Age is not a criterion when deciding what can be eaten. I recall one child from Edmonton whom I saw three years ago now, at the age of a few months. She had marked hyperactivity and eczema and diarrhea and is very sensitive to most foods. I had to put her on juice and single foods and start pancreatic enzymes by the time she was two years of age. Many old people lose their tolerance for food at 70 or 80 years of age. They are thought to be going senile or crazy when all they need is to change their eating habits. It is surprising how many old people have perceptual dysfunction. They see things, words move and the TV looks funny and of course they get depressed. Treatment is not so easy at this age but often it is helpful in their management. Perhaps much of the dithering of the aged could be interpreted as being hyperactivity. In any event, diet can help. The main thrust of my therapy is to eliminate foods most wanted by the patient and substitute vegetables and fruit and very little meat.

Vitamins

I use vitamins and minerals and other supplements all the time. They are given orally for the most part, but I use intravenous vitamins often. The sicker the patient, the more IV's I use. If a child is suicidal, IV vitamins are a must. If the digestive tract is not working, I use IV vitamins. I'll use 25 to 50 grams of Vitamin C in a drip and smaller doses of other vitamins as a bolus, so as not to cause nausea. At the start of treatment, I use big doses for a few weeks than tend to cut down on the frequency and the amount as time goes by. Digestive enzymes must be taken with meals for obvious

reasons. The use and the doses of the various vitamins and supplements are not important to this paper.

Allergy and the Immune State

The allergic state is instituted by a faulty diet. This is a bold statement to make. I cannot prove it, but changing the diet often corrects the allergic state. So why not use that knowledge and treat the patient with diet. Vaccines are a great benefit to some patients, but I seem to use fewer and fewer specific allergy vaccines. As I get more knowledgeable of diet, I need not depend too much on vaccines. By the same token a vaccine can be discarded sooner if the patient will follow his diet. No vaccine is needed after a year or two if the diet is successful.

There are several ways to stimulate the immune system to greater activity. The more active is the immune system, the faster symptoms will be relieved. There is a respiratory vaccine from Hollister Stier consisting of common bacteria found in pneumonia and sore throats, etc. If this is used in doses larger than recommended by the manufacturer, good results can be attained quickly. It works hand in glove with the allergy vaccine too and the patient benefits from the combination. An injection of urine will do the same thing from a different perspective. Urine contains many antibodies and antigens made by the body and excreted in the urine. For food allergy the patient eats an allergic food then passes his urine and this is injected into the fat after being filtered to remove the bacteria. Auto-desensitization is an easier method of doing the same thing but with none of its drawbacks. Take blood from a vein then inject it into the muscles of the thigh. Very simple and very effective and stimulates the immune system to greater efficiency. Other things like intravenous calcium, Dr. Aslam's GH3, Parabenzaquinone, and Glyoxalide seem to help in their own way. Patients tell me they feel better and that is enough for me to keep on using such things. Some patients need many if not all these different

stimulating substances.

Psyche and Soma

The body and soul cannot be separated in treatments although such an attempt is frequently made. Exercise stimulates the mind and the body. It stimulates organs and muscles too, and efficiency in the body is increased. We were built to exercise, yet we won't do more than absolutely necessary. If we are ill, exercise is even more important for its stimulating effects. One of my favorite sayings is, "You can't get better lying on your back". Most patients say they are too tired to exercise. You must do it even if you crawl on your hands and knees. Move, breath deeply, get with it! Massage and manipulation, acupuncture and reflexology help relieve symptoms but will not cure. Unless exercise is done by the patient, all treatments are probably wasted. You need to believe in what you do. It is hard to believe in exercise when you think you are dying, but exercise will improve your state of mind and your feeling of well-being.

Getting well is a state of mind. You have to want to get well and you have to think you will get well. You need positive support from members of the family, friends, and counsellors. Negative statements make negative thoughts so stay away from the prophets of doom. Misery likes company. It is a good idea for patients to get together and talk about their problems and their successful cures. I have my patients meet in my office each Tuesday afternoon for this purpose. One of the patients is the leader and tries to get the others to discuss their problems and fears and hopes. The more you know about your illness, the easier it is to get on with things which will make you better. Getting sick takes a long time; getting better takes time too. Group sessions help remind us. All patients need help

of family to do well. The worst patients in the world to treat are bachelors without friends. They have no one to care whether they get well or not. It is easy to say to heck with it, let someone else cure me. Love is special and heals when all else fails. If mother is all for diet and father is not, you have trouble. Grandparents are big offenders in diet therapy. A child soon feels what is going on and will choose who he wants to follow. He'll choose the way of all flesh, the easy route. Support from the doctor and his staff can do much to make a happy environment for healing. To be happy is to get well sooner. A laughing patient gets better in half the time. It helps to believe in a higher power. The Alcoholics Anonymous found this out. If the patient thinks he is not going to get well, he won't. Have faith in your own ability to do what has to be done. Children have faith, they have no bad thoughts and no past to worry about. Holding a grudge is a poor way to get well. "Open up your heart and let the sun shine in". "Why me Lord" has no place because it slows down the healing process. The patient must accept with equanimity the fact he is ill. He must make the effort to get well without blaming anyone, even himself. Blame is not healing, it harms. Nor does it help for some person to take the blame. We cannot blame the Lord. We can only accept. Mental attitude is very important in getting well. Exercise, meditation, rest and prayer are all factors in the healing process. We all need quiet times for exerting ourselves. We all need to assess the situation from our own point of view. Until you know the problem and what must be done to correct it, you are in limbo. With a proper diet, with vitamins and supplements, with concerted effort and high hope, all things are possible.