INTERNATIONAL CHIROPRACTIC PEDIATRIC ASSOCIATION
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CHIROPRACTIC TODAY . . .
FOR A BETTER WORLD TOMORROW

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THE DANGERS OF RITALIN *by Linda Rhodes*

Do you know a child who is easily distracted by outside stimuli? What about a child who blurts out answers to unfinished questions or talks excessively? How about one that fidgets or squirms in his seat? If so, that child may be diagnosed as having Attention Deficit Hyperactivity Disorder (ADHD) and be prescribed a dangerous drug called Ritalin.

ADHD is a so-called "illness" described in the Diagnostic and Statistical Manual of Mental Disorders 111-R (DSM 111-R), the handbook of psychiatry. The "symptoms" described in the DSM 111-R include common forms of childhood activity such as those described above, failing to finish chores, and difficulty awaiting turns in games (APA 1987). Ritalin, an amphetamine or "speed-like" drug, is prescribed to "treat" ADHD in children and adults. However, when this drug is prescribed most of the data given to parents about Ritalin is not true. Statements like "Ritalin has no side effects", "Ritalin is not at all addictive", and "Ritalin will help improve your child's performance in school" simply are not true. Ritalin has many dangerous side effects and withdrawal symptoms, it is a highly addictive substance often accompanied by crime and, statistically, has not been shown to improve the literacy of schoolchildren.

The manufacturer of Ritalin, CIBA-GEIGY, warns that the drug must not be used on children under the age of six. The long term effects of Ritalin have not been established and the mechanism of how Ritalin works in the body is not understood. There are also many other warnings that should be known about the side effects of Ritalin. Among these are stunting of growth, depression, insomnia, nervousness, skin rash, anorexia, nausea, dizziness, headache, abdominal pain, blood pressure and pulse change, and development of Tourette's syndrome. Tourette's syndrome is a permanent and irreversible condition characterized by body ticks, spasms, barking sounds, and screaming obscenities. Chronic usage of Ritalin is also known to produce psychosis (Medical Economics Co 1985). The DSM 111-R also states that Ritalin along with other amphetamine-like drugs "may cause a highly organized, paranoid delusional state indistinguishable from the active phase of schizophrenia". The withdrawal symptoms of Ritalin are no less severe. Depression, fatigue, bedwetting, and increased dreaming are all withdrawal symptoms of Ritalin. The DSM 111-R lists paranoia as a symptom of withdrawal from Ritalin and states that "depression and irritability may persist for months" following withdrawal. In addition, the DSM 111-R states that the main complication of withdrawal from amphetamine substances including Ritalin is SUICIDE. However, this data is rarely given to prospective Ritalin users.

In addition to dangerous side effects and withdrawal symptoms, Ritalin is an extremely addictive substance. Under Federal and Georgia laws, Ritalin is classified as a Schedule 11 Controlled Substance. This rating of Schedule 11 is given to prescription drugs which have the greatest abuse and dependence potential. Other drugs which share this category with Ritalin are morphine, opium, methadone, and cocaine. In fact, the DSM 111-R states that "the patterns of use, associated features, and course of Amphetamine Dependence and Abuse are very similar to those of Cocaine Dependence and Abuse". The DSM 111-R goes on to state that experienced users of amphetamines and cocaine are unable to distinguish between the two substances. The DSM 111-R continues, "One of the few differences between the two classes of substances is that the psychoactive effects of amphetamine last longer". Psychiatrists as well as the United States government recognize that Ritalin is an extremely addictive substance, although this fact is rarely known by parents or users of Ritalin. In a 1988 article titled "Rx Drug Abusers Targeted", the Akron Beacon Journal stated that Ritalin accounted for 80% of drug prescription abuse cases in that area. Reports by law officers in numerous cities across Canada recognized that Ritalin was responsible for more street crime than any other drug in a 1987 article in the Western Report. The article also noted that Ritalin was the street drug of choice all across Canada (Whyte, Gallagher, etc. ,1987).

One would think that despite all the harmful side effects, withdrawal symptoms, and addictive effects Ritalin would, in fact, help children to perform better in school. However, this has not been shown to be true. Despite the drastic increase in Ritalin administration to schoolchildren since its introduction, SAT scores in the United States have dropped rather than increased over the past thirty years. Since 1963, SAT

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THE DANGERS OF RIDALIN *(Continued)*

scores steadily declined for sixteen straight years, finally leveling off in the range of 890-900. The former average SAT score in 1963 was a 980 (Citizens Commission on Human Rights 1993). Ritalin, which is currently administered to thousands of schoolchildren, supposedly improves the performance of schoolchildren. However, the decline of SAT scores and study upon study demonstrate the opposite.

No child deserves to be drugged in order to make them conform to someone else's idea of what it is to be "good": to sit still, to await his/her turn in games, etc. No child deserves to be placed on a drug with such dangerous side effects as Tourette's syndrome and withdrawal symptoms of paranoia and suicide. There are alternatives to the behavior modifying drugging which is occurring to children all across this country. Many successful non- medicinal alternatives to Ritalin exist today. For further information on Ritalin or alternative solutions for handling children diagnosed with ADHD, contact the Citizens Commission on Human Rights at one of the following addresses: Citizens Commission on Human Rights 6362 Hollywood Blvd., Suite B Los Angeles, CA 90028, 1-(800)-869-CCHR or Citizens Commission on Human Rights P.O. Box 1561 Snellville, GA 30278 1-(404)-518-8868

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CASE HISTORY *Submitted by Dr. James Cassillo of Massapequa, N.Y.*

Stephen Lembo came under chiropractic care at about 6 months of age. As a result, he has developed much healthier than the average child -- fewer colds and better resistance, etc. However, from age 1 through 2 1/2, he developed fluid in his ears (dx by his pediatrician, although he never had an ear infection). His speech was delayed, and a school evaluation determined he had a hearing loss in his left ear.

At 2 1/2, the ear, nose and throat specialist confirmed the fluid and hearing loss, and a tube was placed in his left ear a few months later. All along, he was getting weekly adjustments. The ear soon became infected (for the first time), besides having the fluid return. He also had blood, and no hearing at all in his left ear. We immediately called Dr. Webster, who had me modify my adjustments, and began daily treatments for six weeks prior to his school evaluation.

The school tested his hearing to be within normal limits, and tympanogram was negative. A few days later, the ear, nose and throat specialist's appointment to schedule the tube to be placed back in his ear confirmed that he had no more fluid and normal hearing!! Stephen is currently being seen twice weekly, and is holding his adjustments. Thank you Dr. Webster. Thank you chiropractic.

ANNOUNCEMENTS

- *The ICPA is pleased to announce the appointment of **Dr. Ted Koren**, of Koran Publications, as the Chairman of Public Information and Education. This is the 1st Chairmanship of the ICPA*
- ***November 13 - 14th** of this year will be the date of Module I of the Pediatric Certification Program to be held in the Washington, DC area. These modules will be co-sponsored by the ICPA, Life College and the Virginia Society of Chiropractic (VSC). To register for these modules, call Life College at **1-800-358-9737** and ask for the Continuing Education Department.*
- *The Pediatric Certification Program is soon to be in **Boston** with Module I starting **February 12 & 13th, 1994.** The program will also be starting on the **West Coast in 1994.***

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