

# ADHD: UNRAVELING "THE PERFECT STORM"

## ADHD: A NEUROLOGICAL DISORDER OF IMBALANCE AND DIS-ORGANIZATION

By Dr. Tony Ebel

The majority of the time ADHD is neither a "deficit" or a "disorder" but instead is a brain and central nervous system (CNS) that has a "Ferrari engine" but "bicycle brakes" - thus it is constantly in a state of sympathetic dominance. The sympathetic side of our CNS is the fight/flight side, where hyperactivity, fidgeting, anxiety, and other such things live.

It is a God-given emergency response system that is crucial for survival. But, it is meant to only be "turned on" for short periods when needed, and is not meant to be stuck on at all times. We refer to this side of the CNS (or could also say ANS for Autonomic Nervous System in this case, as 99.9% of all this is subconscious) as the "gas pedal" side, and the "brake pedal" side is the Parasympathetic side that is responsible for growth, relaxation, digestion, and development.

It is very clear that when we test these kids neurologically in our office using technology, we find they are chronically stuck in that fight/flight stage. And that is the most common component seen with ADHD - **excessive sympathetic dominance**. This is where the hyper energy, impulse, and behavior issues can come from.

However, another component that often comes along is the attention/confusion/organization component, and that is that these kids CNS/brain/ANS is also poorly organized and integrated. Somewhere along the line their sensory processing and integration (organization) development also got off track, and this is a very overlooked component of ADHD.

The way I see it these kids go through most of development in "overdrive" and thus they are "spinning so fast" that when developmental things come along (social, academic, behavioral, physical, speech, etc.) come along and try to "stick" and integrate, they are spinning so fast that everything just "pings off" and never fully processes and integrates.

The second component is a poorly organized nervous system. Therefore, anything you do to try and help these kids must first have its foundation in addressing those two issues, and in that order. If you don't calm and balance out the ANS then every other form of therapy from nutritional to behavioral to psychological will be fighting an immense uphill battle. However, once that is slowed down and balanced, EVERYTHING becomes so much easier to improve with that child!

And that takes us to the chiropractic portion. While many people think of chiropractic as "spine or back" care, few people (even 95% of medical doctors) fail to realize the connection between the spine and function/health of the brain and CNS. It is much more accurate in reality to think of the spine as not just a collection of bones, muscles, and ligaments, but instead as an entire neurological "organ" that is the key communication component between brain and body. Later on too you will see that proper alignment and movement of the spine, especially the upper neck, is absolutely an essential "nutrient" that drives and powers the brain, or "charges" it.

### BIRTH TRAUMA LEADING TO SUBLUXATION AND NEURO-DEVELOPMENTAL DELAYS:

Over 75% of the Neuro-Developmental or Spectrum cases (Autism, ADHD, Sensory, Anxiety, etc.) that we see in our office have some form of birth trauma to the head, neck, and spine. As you will see,

this then becomes the first insult or irritation to the nervous system causing it to move to a state of chronic fight/flight dominance mentioned above. With nearly half of all births now done via surgery (C-section where the child's head and neck is used as leverage to remove them from the mother's womb), and most of the other half using interventions like Pitocin and epidurals which are proven to increase stress on the child, many infants receive their first significant subluxation (defined next) immediately at birth, starting off the "perfect storm" that will eventually develop into ADHD or other similar challenges.

These forms of deliveries put excessive strain and tension on the child's body, especially the head, neck, and spine, with the most commonly injured area being the upper neck as it is most susceptible to rotational and lateral flexion type movements common in these deliveries. In fact, a German researched Dr. Gutman found back in the 1980s already that 80% of kids had what he termed KISS Syndrome (Kinematic Imbalance & Suboccipital Strain), or put another way... their head wasn't on straight. In chiropractic terms, this is an upper cervical and/or cranial subluxation. With current trends of obstetrics and labor/delivery, it is likely if that study were repeated today it would be greater than 90%.

**Subluxation** has three major components to it, the first two of which are "physical" or structural" components: misalignment and fixation. Again, the misalignment usually is caused by the birth process. Once misaligned, the vertebra and surrounding vertebra have difficulty going through proper range of motion since things aren't "lined up right" and thus fixation or loss of proper movement results. The most obvious example of this subluxation in infants is referred to as "torticollis" or "wry neck" and is commonly referred to physical therapy for treatment. However, physical therapy only addresses the first two components and neglects the third component discussed next. If a child has torticollis at birth or shortly after, they are much greater risk of going through the "perfect storm" and thus being labeled with ADHD one day.

## THE 4 D'S:

The third component of the subluxation is the most crucial and most troublesome: neurological interference and imbalance (The 4 D's).

We now know that since the abnormal alignment and fixation (**dys-kinesia**) leads to abnormal neurosensory afferent (incoming) input into the brain and CNS, that the system is then stimulated or driven into that sympathetic fight/flight state described above (**dys- afferentation leading to dys-autonomia**). Lastly, these components of neurological disturbance contribute to and cause one more component known as **dys-ponesis**, or "abnormal energy output and control" which is very, very commonly associated with ADHD (the definitions of ADHD and dys-ponesis are virtually identical).

Few people understand neuro-science to this degree, even in health care and medicine, but the truth is the brain is "fed" through movement, **60% of which comes directly from the spine** (33% alone from the upper cervical spine). Since over HALF of all the neurons in the spinal cord have a primary responsibility of carrying signals of movement and alignment into the brain, it is very clearly said that "movement is life."

Therefore chiropractic adjustments, especially to those areas of the upper cervical spine that were subluxated (misalignment and fixation or loss of movement), have profound and incredible impact on restoring proper input ("food") into the brain, thereby balancing and calming it down. The

adjustments have been shown over and over to decrease sympathetic dominance and reduce the 4 D's:

- The adjustment restores proper alignment and movement (dys-kinesia).
- The adjustment restores proper incoming flow of proprioception (movement) into the brain (dys-afferentation).
- The adjustment balances out the autonomic nervous system, calming the sympathetic most commonly (dys-autonomia).
- The adjustment restores energy output and organization to normal levels (dys-ponesis).
- The adjustment balances all of the systems of the brain and nervous system, and improved their integration and communication (dys-connection).

In summary, ADD/ADHD are INPUT problems, not OUTPUT problems. All of the signs and symptoms are simply effects of the stress and subluxation on their system. As Pediatric Chiropractors, we find that stress and subluxation and remove it, restoring balance to the nervous system. In another way, we fix the input, and then the brain and the body normalize and balance the output. It can really be that simple.

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