

Attention Deficit Disorder (ADD) and the Atlas Subluxation Complex

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Introduction

Daydreaming, procrastination, impulsive behavior, undisciplined, lazy, hyperactive, or irresponsible are all terms used to describe the typical Attention Deficit Disorder patient. Is it a real illness, an ingrained character flaw, or tension on the brain stem interrupting bio communication transmissions from the brain to the body and vice versa?

The Merck Manual of diagnosis and therapy describes the ADD patient as developmentally inappropriate in attention and impulsivity, with or without hyperactivity.¹

The September issue of Men's Health says, according to the "experts," many men's inability to succeed socially and financially results from a physical problem, not a psychological one. They claim these irrational behaviors are caused by a glitch in the brain's wiring. They label it ADD.²

Dr. Ralph Gregory, founder of the NUCCA method of spinal correction, states that tractionalized or compressed nerve structure at the brain stem level can cause cessation of normal nerve inhibitrons and create spastic contracture of spinal musculature.³ He further states that the Atlas Subluxation Complex can create this type of interference and effect normal body activity. To this author, this also sounds like a glitch in the brain's wiring.

The Atlas Subluxation Complex (from here in called ASC) can be described as a displacement of the top vertebra in the neck (called the Atlas) creating a misalignment of the head and neck resulting in neuromuscular stress.

In my practice, I have had the opportunity to correct the ASC on more than 20 children and adults who have been previously diagnosed with ADD. I have had positive results in relieving many of the symptoms used to define this condition. I had only one patient whose symptomology according to ADD did not change. However, I did note postural and muscular improvements in this patient. At times, the changes were very timely and dramatic. I have seen patients who were diagnosed with ADD by school teachers, school psychologists, school nurses, and MD's. Ritalin is the usual prescribed treatment for both children and adults. The prescription of this drug to control or mask symptoms of this disorder instead of investigating and eliminating possible cause factor is, once again, where conventional medicine and natural health care find their boundaries.

After clinical observation and examination of patients diagnosed with ADD, I documented common characteristics among both children and adults.

The children are usually hyperactive and difficult to handle. Parents always reported problems at school either with discipline or with the educational process. Each child was very sensitive to digital palpation of the cervical region as

a result of severe cervical hypertonicity. The examination would yield a "jump response" which is an involuntary neurological reaction present in children due to severe cervical musculature tension. In other words, the child's whole body would jerk when slight pressure was applied to the neck.

In the case of adults, most were experiencing periods of confusion, fatigue, depression, and lack of concentration. They all commonly complained of headaches and tension or pain in the neck.

All of these patients, after physical examination and x-ray analysis were diagnosed with ASC and treated in my office.

The goal of this NUCCA practitioner is to correct the ASC. However, research papers, articles, and documentation of mental, behavioral, or physical changes as a result of a spinal correction can enhance our ability to educate the public and the health care community on the importance of structural balance to normal physical and mental functions. The following case study is offered as a clinical example of symptomatic changes after correction of the Atlas Subluxation Complex.

Case History

Patient A is a nine year old female who presented to our office experiencing symptoms that had been diagnosed as ADD. The primary signs were hyperactivity, short attention span, and poor impulse control. According to her parents and school teacher, Patient A had a first grade reading level (1.5) at the beginning of the third grade. Her printing was illegible, and spelling was a problem. The parents stated that Patient A has never been able to sit still and relax and has never taken naps. She also woke up crying at least twice every night. A school psychologist had suggested that Patient A be evaluated by a pediatrician and then given Ritalin to control the ADD symptoms. Patient A's parents had decided to investigate a more conservative alternative and chose not to medicate Patient A at this time. However, the parents agreed that Patient A's behavior and learning abilities were being compromised by this condition which was labeled ADD.

Examination

Physical examination of Patient A revealed the following information:

- A right leg deficiency in the supine position
- A right low hip and shoulder in the standing position
- Right spastic contracture of paraspinal musculature especially in the cervical region
- Digital palpation of the cervical spine elicited a jump response
- Patient was nervous and fidgety

X-ray examination of the cervical region revealed an ASC. The lateral view revealed a hypolordotic cervical curve. Rotation of the atlas vertebra was minimal.

Results

The success of the first NUCCA adjustment was initially measured by lessening of the leg deficiency, postural changes, post x-ray analysis, cervical palpation, and observation. After the spinal correction, the leg length measured even; the hips and shoulders were level, and x-ray analysis showed a fifty percent reduction of the ASC. Patient A was noticeably more relaxed and drowsy. She was instructed to relax in a reclined position after returning home.

Patient A's parents noticed several distinct changes in her behavior and schedule. Patient A relaxed for 2 hours watching TV and napping. Her parents stated that they were amazed. She had never remained motionless for an extended period. Patient A slept through the night for the first time in her entire life.

By the end of the next school semester, Patient A had seven A's on her report card. Her reading level was 3.5 (a 2.0 increase in less than three months). Her manuscript and cursive writing were legible. Her teacher described her as poised and relaxed. As a final note, the school psychologist became a patient in our office and referred several other children.

Discussion

On follow-up appointments, I questioned Patient A's parents to see if anything had been changed during her treatment in our office. The parents reported that activities,

eating habits, nutritional supplements, and family relationships had all remained constant to their knowledge. Therefore, this author would have to conclude that correction of the ASC effectively changed the symptoms used to diagnose the condition known as ADD. The remission of those symptoms were clearly documented.

Documentation of changes in the mental and behavioral function as a consequence of upper cervical adjustments is nothing new to the chiropractic field. It began several decades ago when Palmer College reported a sixty-six percent recovery rate of mental patients at two sanitariums owned by the school for over twenty-five years. This recovery rate was far above the national average. It was more recently discussed in a research paper written and published by Dr. Michael Thomas entitled, *Upper Cervical Adjustments May Improve Mental Function*.⁴ Further investigation into the causation of mental and behavioral disorders could reveal the correction of the ASC as a possible avenue to reduce or eliminate the need for drug and other more radical therapies.

References

1. The Merck Manual of diagnosis and Therapy, 15th Edition, 1987, p. 1978-79.
2. Grower, Timothy, Attention Headache, *Men's Health*, Sept. 1994; p. 55-56.
3. Gregory, R., The Upper Cervical Monograph, Vol. 3, No. 3, April 1982, p. 10-12.
4. Thomas, M.D., Wood, J.: Upper Cervical Adjustments May Improve Mental Function; *Journal of Manual Medicine* (1992) 6:215-216.