



LRA by ELISA/ACT® Case Study of a 6-Year-Old Male with Attention Deficit Hyperactivity Disorder (ADHD)

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HISTORY: As an infant, Brian had recurrent infections with recurrent antibiotic use. Hyperactivity and behavior problems began at 18 months of age with weaning. He was extremely hyperactive, climbing around, into things, and difficult to handle. Brian could not be left alone.

Brian's mother reported normal speech development until about age two. According to his mother, Brian was losing the ability to speak as he was weaned. As the child moved into eating regular food, his mother noted that both his behavior and speech began to deteriorate. At two years of age, Brian was not speaking. It was as if he could not hear and was in a world of his own. His hearing was tested, and he did not have a hearing problem. Shortly thereafter, still two years of age, Brian was diagnosed as autistic. At two and one-half years of age, he was prescribed Ritalin. His mother never implemented the prescription, but began seeking alternative solutions.

PRIMARY PROBLEMS: Hyperactivity, behavior problems, and speech difficulties

THERAPEUTIC INTERVENTIONS: The child had undergone the common conventional treatment for recurrent infections (antibiotics) and was recommended Ritalin for hyperactivity.

The LRA by ELISA/ACT® test was taken in April 1994 when Brian was three

years old.* Brian's LRA by ELISA/ACT test results were as follows:

STRONG REACTIONS: Dairy, sugar, tobacco, bass, alfalfa, catfish, chocolate, red oil

INTERMEDIATE REACTIONS: Arsenic, sodium benzoate, lamb, apple, sugars (various), benzene, cola, lima bean (his favorite food), cis-dichloroethylene, coconut, rose hips, squash, latex, brown rice, (he consumed a lot of rice milk), baker's yeast, astragalus.

Overall, Brian was reactive to 24 of the 300 substances tested. Many of the reactive foods were commonly eaten and among his favorites (rice, apple, lima beans, catfish, and sugar). Interestingly enough, even before taking the LRA by ELISA/ACT test, his mother had suspected problems for Brian with dairy, apple juice, and sugar.

IMPLEMENTATION: Brian was taken off all foods to which he had a strong reaction as well as most of those to which the reaction was intermediate with the exception of rice (in rice milk) and some sugars. He was also put on a nutritional supplement program, which included a multi-vitamin, additional B vitamins, acidophilus, and DMG.

IMMEDIATE OUTCOME: Within one week of eliminating the reactive foods, Brian's mother reported great improve-

ment in his behavior. As she explains, he was able to follow directions, calm down, sit down, and concentrate on tasks. His attentiveness also improved.

Brian's teachers were asked to comply with the food elimination, and they did. One day, however, a substitute teacher unwittingly gave Brian a cookie, and he rather immediately developed behavior problems, such as fighting with other kids. As his mother reported, the teachers were readily convinced of the importance of these dietary restrictions for Brian.

Within one month, his parents found that Brian's behavioral problems and hyperactivity were 80% better. His attention and focusing ability was also an estimated 80% better. With the calming, he could now concentrate. In addition, his speech improved about 20% within the short term, and improvement continues with time.

Interestingly enough, when he was finally taken off rice (rice milk) at age five, Brian again experienced dramatic improvement. He was able to speak and reason more, behaved even better in

the classroom, calmed down, and had better attention.

LONG-TERM OUTCOME: It is now about three and one-half years since testing, and Brian is in kindergarten. Eighty to 85% of the time he is in regular classrooms. He no longer has the diagnosis of being autistic and has gone from being classified as moderately to only mildly mentally disabled. By next year, he is expected to be fully mainstreamed.

Brian's mother reports that his hyperactivity and behavior are well in control and considered rather normal for a child his age. In general, behavioral flares are associated with exposure to a reactive substance such as chocolate or a dairy food.

Brian's mother also reports that the elimination and new diet got easier over time. Family members have seen the value of this approach and comply, and the schools also cooperate.

** Please note that EAB did not offer the Food Coloring Block until 1997.*

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