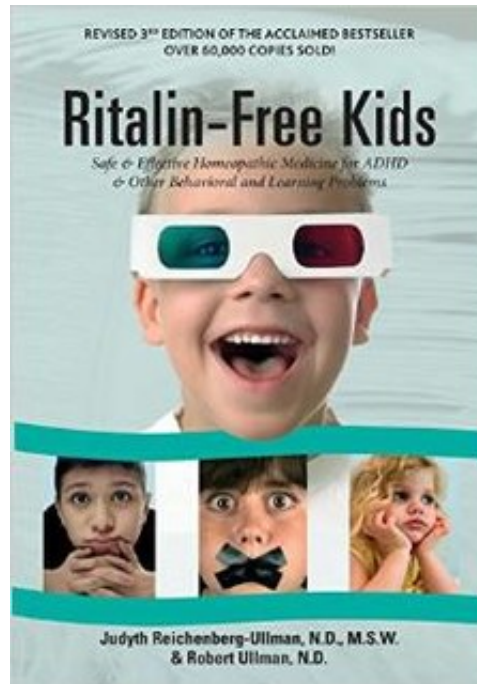


Judyth Reichenberg-Ullman Ritalin Free Kids

Reading excerpt
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of [Judyth Reichenberg-Ullman](#)
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Kids on the Move

ATTENTION DEFICIT WITH
HYPERACTIVITY

A Teenager on the Go Go Go

Sixteen-year-old Sherrie was referred to us by her family-practice physician because of a five-year history of ADHD. An aunt and a cousin on both sides of the family had also been diagnosed as hyperactive. Her father and maternal aunt suffered from bipolar disorder (manic depression). As early as kindergarten, Sherrie was sent out of the classroom for talking too much. By the sixth grade she was taking Ritalin. Without her Ritalin, Sherrie simply could not focus. Easily distracted by noise or movement, Sherrie found it extremely challenging to pay attention during conversations or to concentrate while taking tests. Sherrie talked without listening and often found herself staring off into space mid-sentence. No matter how much she told herself to be quiet, she could not help but blurt whatever was on her mind, appropriate or not. Sometimes she felt embarrassed, though often she had little, if any, awareness regarding how she affected others. She had a reputation among her friends of being loud, immature, and the last one to catch on to a joke. While driving, she often

daydreamed and became confused upon seeing a car in another lane, as if she did not believe it was actually happening.

Antsy, fidgety, and prone to fiddling with anything within her reach, Sherrie perpetually clinked her nails against her teeth, tapped her fingers, poked, hugged, and pulled at others annoyingly. She was simply incapable of keeping her hands to herself. She was always moving some part of her body and skipped down the hall to release her pent-up energy. When there was no way to let it out, she felt like screaming. "The energy is trapped inside of me and has to be pushed out. It's all out of control," she explained.

Ritalin gave Sherrie hives and made her feel like she did not know herself. Nor did it improve her habit of being "a major procrastinator." With or without medication Sherrie asked lots of "dumb questions," although she maintained a 3.8 grade-point average.

This young woman had a passion for pickles and ate them straight from the jar. She also enjoyed sucking on ice. Her fingers and toes became extremely cold when she skied.

Sherrie's defining features were her extreme restlessness and ceaseless activity. We gave her *Veratrum album* (white hellebore), an excellent medicine for wired, overamped, hurried kids who are on the move nonstop. These people are generally good-natured and helpful, but overexuberant. Their energy oozes out around the edges. As we frequently do in treating children and adolescents, we gave her a single dose of the medicine and asked her to return in five weeks.

Veratrum album (white hellebore)

Kids who need this medicine are bright, even precocious, and restless to the point of being ceaselessly busy. *Veratrum* children touch everything in sight and are always moving on to their next challenge. They think they know it all and can be quite bossy, self-righteous, and given to debate. Some of these children hug and kiss inappropriately. Often chilly, they may have very cold hands and feet, which turn white or blue. Vomiting, diarrhoea, and fainting are typical physical symptoms. They love cold food and drinks, ice, pickles, and fruit.

At the time of her next appointment, Sherrie was very happy with her progress, as were her parents. She had informed her psychiatrist that she wanted to discontinue the Ritalin before taking the homeopathic medicine. When she came for her follow-up visit, Sherrie found our parking lot without directions, a task she could normally accomplish only with the help of Ritalin. Her grades were better, in contrast to her previous efforts to discontinue Ritalin, when her grades plummeted to all F's.

Sherrie's parents also reported that her behavior had drastically improved. No longer did she stare blankly. Sherrie's friends complimented her by saying that she "wasn't as crazy" as before. Overall, she felt a much greater sense of control. She was no longer seized with the urge to poke, hug, and pull at other people. Sherrie's leg no longer moved restlessly, nor was she clicking her nails against her teeth. She remarked that she was not as depressed as she had been, although she had not actually described herself that way previously.

Sherrie now had "a real appetite" instead of sporadic urges to eat. She no longer experienced "that special taste for pickles." Sherrie needed two doses of the *Veratrum* over the next year and a half, then discontinued treatment because she felt fine. She did not resume taking Ritalin. As her treatment progressed, Sherrie was able to notice whenever she felt even a little hyperactive and could stop it by telling herself to relax. Before beginning homeopathic treatment, she had been unable to notice or control her behavior patterns. Now she became fidgety only occasionally instead of all the time. When her voice became loud, she quieted down, which had also been impossible in the past. "It's like somebody opened the curtains and let me see."

The Didgeridoo Kid from Down Under

Angela's mother brought her to see us when she was twenty-two months old. The Australian family was visiting the United States during Angela's father's didgeridoo concert tour. The didgeridoo is a rhythmic Aboriginal instrument. Angela had a red rash on her face. She had not gotten one good night's sleep (nor had her parents!) since birth. When her mother weaned her at seven months, Angela refused cow's milk. Angela had a pattern of waking in the middle of the night crying, distressed, and disoriented. Her parents tried to soothe her despair by letting her sleep with them; otherwise she woke repeatedly crying for her mother. This hyper-energetic toddler fought for hours against going to sleep. Her mother described her as being "in a frenzy every night." Angela's exhausted parents had even resorted unsuccessfully to giving their little darling sleeping pills.

Angela was extremely willful. It was very nerve-wracking to travel with her, which conflicted with her father's career as a travelling entertainer. Angela screamed inconsolably at the top of her lungs during most of our interview with her. Even when her mother offered her a bottle of her favorite juice, she refused and threw herself miserably on the floor.

Angela loved people. A lively baby who resisted naps, she lived in an equally vibrant household where friends and family members were constantly coming

and going. Angela walked at nine months and ran at ten. An avid climber, she scaled anything within her reach with absolutely no hint of trepidation. She loved playing with animals and putting on her mother's lipstick. When we inquired about this little girl's musical affinity, her mother told us that as soon as the music came on, Angela squirmed and danced. Even at her very young age, she sat at the piano bench and banged on the keys and was thrilled to play her father's guitar while he rocked her on his knee. Family friends were amazed at Angela's rhythmical talents.

Angela had been diagnosed with an unusual skin condition called dermatomyositis, which showed up as purplish, red, scarred areas on her fingers resembling tiny splinters.

We gave Angela one dose of homeopathic *Tarentula*. This medicine, made from the Spanish spider, is for overactive children who are extremely lively, love to be the center of attention, climb like little spiders, and love dancing and rhythmic music. They throw tantrums and fits and can be quite mischievous and manipulative. It is understandable that Angela, raised in an environment of music and dance, needed this lively medicine. A well-respected Italian homeopathic physician, Massimo Mangialavori, recounts a story of a small southern village in Italy near the seaport of Tarent. A group of girls in the village suffered from a hysterical type of insanity that was only relieved when they danced in a type of frenzy and cut with knives or swords.¹ Although it did not come up in Angela's case, many children needing *Tarentula* do have an urge to wildly cut clothing and other things during their rages.

Angela's mother called from Australia five weeks after she took the medicine. Angela had no further tantrums or extreme moodiness; "just the odd two-year-old stuff." Her mother had no complaints about Angela's behavior compared to before she took the *Tarentula*. Now she was much more easily managed when she became upset. She jumped up and down occasionally when her mother said no, but would settle down. Angela was much more easily entertained. It was much easier for her to sit in a car, which had been a major problem previously. Her teeth grinding, which her mother forgot to mention in the first interview, was 90 percent improved. The redness and scarring on her hands were also better. Angela's mother added that prior to the homeopathic treatment, her daughter was forever tapping, teasing, and getting into mischief. These behaviors had also improved. "Looks like Miss Spider's working," her mother exclaimed.

Angela needed one more dose of the *Tarentula* five months later because some of her symptoms had returned, though at a much lower level than before the homeopathic treatment. Angela's dermatologist was quite surprised that the redness and inflammation of her fingers had improved significantly.

"I've Been Very Bad!"

Conner, age six, was extraordinarily bright. This precocious child started reading at three and was adept at math and language, as well as being highly creative and intuitive. However, his social and interpersonal skills needed work. Quick to anger, he was generally oblivious

Tarantula hispanica (tarantula spider)

Tarantula children have rhythm. These kids love to be the center of attention and can be real entertainers. They climb, jump, perform acrobatics, and seemingly never tire of activity. They love music and rhythmic activities like dancing, tapping, or drumming, and it soothes them. Cunning and mischievous, they play tricks on their parents and other children, tell lies, and love to hide. They are very hurried and impatient. Often destructive, they have to be watched very closely, as they are capable of breaking anything they get their hands on. They are generally wiry and agile.

to social cues. Impulsive, he had taken it upon himself to go through the other children's lunch boxes to see what might appeal to him, then tried to do it again just after being reprimanded. Important lessons were rapidly forgotten.

Hypersensitive to being touched, Conner nonetheless was prone to hugging, tapping, and annoying kids around him. A strong-willed, rather self-righteous child, Conner could be pushing and controlling. Order and morality were so important to Conner that he became quite upset if the other children didn't act in a way that he believed supported these values. When a group of boys were disruptive in class, Conner took the side of his teacher, shouting, "They're not following the rules!"

Conner's teacher considered him to be very hyperactive, and the school psychologist concurred with the diagnosis of ADHD, but Adderall hadn't helped him much, so they took him off of it. Conner's unusual aptitude for arguing led his parents to joke that he would make a great politician or lawyer.

The most unusual feature of Conner was how hard he was on himself. Once, when his parents gave him a time-out, he became semihysterical. Conner claimed he'd done so many bad things in his six years of life that his spirit was going to be wiped off the face of the earth. In fact, he told his parents that it was hard to accept their love because of the terrible things he had done. He magnified the least criticism one hundred-fold.

The recurrent theme in Conner's play was being a lost little boy whose mommy and daddy were dead. He would ask those who passed by, "Will you take me home with you?" Conner had lost his grandfather several years earlier and still felt a strong emotional attachment to him. He still carried on frequent

conversations with him. Conner had one recurrent dream in which he was in the middle of a circle of all of his loved ones.

When Conner's mom was seven months pregnant, she and her husband were evicted from their home because it was sold. Insistent that they find a home of their own, they bought a house immediately.

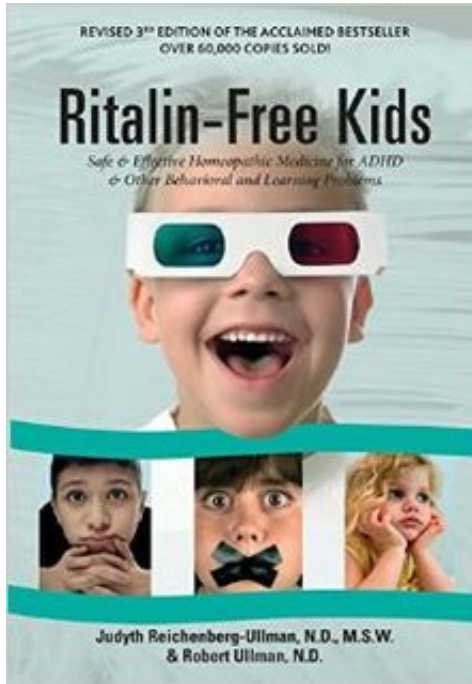
We thought it odd that Conner should be so tormented by guilt as well as having the recurrent fear of being orphaned. It turned out that his mother had forged several checks ten years before Conner's birth, for which she spent one year in jail. "I went through hell as a result of being caught and convicted," she confided. We, and other homeopaths, observe on a regular basis that the thoughts and feelings that the parents experience immediately prior to conception or during the pregnancy can have a direct effect of the state of the child. The younger the child, the clearer is this hereditary influence, regardless of whether it is passed on genetically or by some other mechanism. As a child grows, it may be harder to separate out nature versus nurture (what is inherited compared with what a child learns from his environment).

With this additional information, we were quite sure of Conner's prescription and inquired whether he had any tendency to restless or busy hands. His parents confirmed that he was prone to making frequent inappropriate hand and body motions, as well as reaching out to touch people, even strangers. We gave Conner *Kali bromatum* (potassium bromate), an excellent medicine for upright, family-oriented individuals who feel as if they have sinned away their day of grace and must be punished by God. Conner had clearly inherited this feeling state from his mother due to her criminal behavior a number of years prior to conception.

At our six-week appointment, Conner was behaving much better in social situations. His need to touch was reduced, as was as his compulsive need for order. When we spoke a couple of months later, his mom reported that Conner was much more pleasant, reasonable, less fidgety, and more forgiving of himself. Three years after beginning homeopathic treatment, Conner is still doing well. He has needed three doses of the medicine each year. The feedback from the school is that he is much more attentive in class, willing to try new things more than ever before, has a more positive outlook, and was able to have fun with the other children at recess. Conner's parents are very happy with his progress.

He Smacks Butt and Sticks Out His Butt At His Sister

Antonio's father, a chiropractor, called us for long-distance treatment when he was about to begin third grade, a little over four years ago. He had seen another



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