



# **Treating the “Hyperkinetic“ Child**

## **Causal Biological Therapy**

**by Thomas Rau, M.D.**



The number of children, including school-age children, who, driven by inner compulsion, exhibit “hyperkinetic“ behavior, is not small and seems to be on the rise. This pathological behavior is stressful not just for the children, but also for parents, teachers, siblings and of course anyone in their vicinity. Factors such as poor dietary habits have long been under suspicion as the cause of this symptomatology, in which artificial ingredients, such as are found in many “refreshing“ soft drinks, are viewed critically. In addition, other triggering factors have been discussed, such as watching TV for hours every day, which is (no doubt justifiably) considered to be “jointly responsible“.

### **Defining the Hyperkinetic Syndrome**

Unfortunately, the diagnosis to this symptomatology often is still applied to children whose behavior does not fully match up with the actual prerequisites or characteristics of this symptomatology. These prerequisites or characteristics are:

- Early onset of behavioral disorder before the age of five;
- Overactive, immoderate behavior appears in conjunction with marked inattentiveness and lack of perseverance in performing assigned tasks;
- Behavioral disorder is situation dependent but consistent over the longer term;
- Behavioral disorder includes disturbed social behavior;
- Learning disorders can also be present; whereas, intelli-

gence disorders tend to be the exception.

Treating the hyperkinetic child by means of regulative medicine promises good results, because the causes of the disorder are thereby addressed. These causes should be viewed above all as an internal “milieu displacement“, and “inner state of disturbance“. Contributory factors can include elevated histamine production, trace element and/or vitamin deficiency and heavy metal intoxication - factors capable of lowering the stimulus threshold of nerve cells or the ganglia of the autonomic system.

Thus, there is generally an organic illness associated with any “hyperkinetic syndrome“. It is important to make this clear to the young patient and the parents, since the disorder has usually already been “psychologized“. Nevertheless, treatment has to include the entire family, for example with regard to the requirement of a regulated daily activity flow, avoidance of harmful substances and electromagnetic radiation effects (such as the TV set), which can otherwise stress the children. A key part of family-involved therapy likewise includes a dietary plan attuned to the clinical picture.

### **Treating the Hyperkinetic Child**

Treatment of hyperkinetic children is long-term and demands a lot of patience, especially from the parents. It is a multifactorial treatment that must be strictly adhered to. The complete therapy

of the hyperkinetic syndrome includes - in addition to diet - intestinal cleansing, diversion (especially in cases involving heavy metal intoxication), orthomolecular therapy, isopathic and immunobiological therapy, and compound homeopathic therapy. Regarding the individual components of the overall therapy, there are some important tips listed below under their keywords. Each therapist will surely incorporate additional treatment steps into the necessary overall therapy, which, for example, can affect the - by no means to be underestimated - elimination and excretion of harmful substances, heavy metals above all.

### **Intestinal Cleansing**

Dietary readjustment to a natural foods diet as outlined by Dr. Werthmann:

- No eggs or milk or their derivatives, no pork or ham, no anchovies or sardines;
- No canned foods;
- No refined sugar nor products containing refined sugar, especially no carbonated soft drinks such as Coca-Cola, etc.;
- No citrus fruits.

Eating can be spread out over five daily meals, and the atmosphere at mealtimes needs to be calm and relaxed. Foods should also not be heated for too long nor cooked in the microwave. Restoration of the intestinal flora by means of milieu therapy, intestinal mucous membrane cleansing and, if



needs be, immune system stimulation:

- Milieu therapy with Alkala N and minerals or Alen.
- For intestinal mucous membrane cleansing (besides the Werthmann diet), Mucosa compositum (Heel): drink 1 ampoule 2x daily or inject at acupuncture point M25.
- To promote intestinal flora, begin with FORTAKEHL 5X (1 tablet 3x daily for two weeks), continue with PEFRAKEHL 4X (1 capsule 1x daily for two weeks), then SANKOMBI or MUCOKEHL 5X with NIGERSAN 5X (10 drops 2x daily for several months).

### **Isopathic and Immunobiological Therapy**

This therapy should always be combined with orthomolecular therapy. Damage to the intestinal mucous membrane is often accompanied by immune system disorders and susceptibility to infection. Administer the following:

- SANKOMBI (8-10 drops 2x daily, preferably inhaled nasally);
- UTILIN 6X and RECARCIN 6X (rub 1-3 drops into the bend of the elbow 1x daily in alternation);
- ALKALA N (in the evening, take 1 full measuring spoonful dissolved in 1/2 glass of warm water); see milieu therapy above.

### **Excretion Therapy**

Toxic burdens are quite frequently found in hyperkinetically disturbed children, particularly in the form of toxic metals such as mercury from amalgam fillings. Often, these harmful metals can be successfully removed with chelating agents. It is also important to know that every harmful metal has an antagonist, with the help of which the metal's harmful effects can be neutralized. These antagonists are:

- Calcium, magnesium, vitamin B6, vitamin C for aluminum;
- Selenium, calcium, zinc, chrome, methionine, vitamin C for lead;
- Zinc, selenium, methionine, vitamin C, vitamin B6 for cadmium;
- Selenium, zinc, methionine, cysteine, vitamin C, vitamin E, pectin for mercury.

Pleo Chelate taken in drop form is recommended for excretion of toxic heavy metals.

### **Orthomolecular Therapy**

The following agents are indicated for this therapy over a longer period of time:

- BIOFRID-PLUS capsules in daily alternation with BIOFRID fish oil capsules (1 capsule 3x daily);
- Multimineral tablets (Burgerstein): 1 tablet daily;
- VITAMIN B KOMPLEX SANUM (1 ampoule injected 2x weekly);

- MAPURIT L (1 capsule 1x daily with liquid).

### **Compound**

#### **Homeopathic Therapy**

The following preparations are indicated for this therapy over the course of several weeks:

- Catalysts of the citric acid cycle (Heel): 1 ampoule inhaled through the nose every other day, sequence 1 to 10, then a 10-day break, then start over in the same manner;
- On the off days: inject 1 ampoule of Cerebrum compositum (Heel) alternating with 1 ampoule of Coenzym compositum (Heel);
- Magnesium phosphoricum 6X or 12X (Schüssler): 3 tablets daily.

With the total therapy outlined here, there is a chance of successfully treating even the more difficult cases of hyperkinetic syndrome in children, and at least of achieving distinct improvement.

**First published in the German language in the SANUM-Post magazine (45/1998)**

**© Copyright 1998 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany**

**All Rights Reserved**