Boosting Brain Health In ADHD: Integrative Strategies For Children's Well-Being Transcript

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Introduction to ADHD in Parenting

Welcome back to ADHD, Autism and Chronic Disease Parenting Summit. I am here with the fantastic Doctor Echo, who is going to be chatting with me today all about ADHD.

Thank you so much for being here. Thank you so much for having me, Doctor wash. It's a pleasure to be here. I'm excited to chat about this topic because we are seeing it a lot.

We're seeing a lot more kids diagnosed with ADHD. We're seeing a lot more parents concerned with ADHD. I mean, certainly I am, and a lot of questions I get are around what we can do naturally to try to help, to try to get kids off of medicine and try to prevent kids from getting off medicine.

And even if they should have the diagnosis in the first place. So I guess to start off with what are you seeing in the landscape of ADHD? Are you seeing a lot more cases?

Are you seeing, are you concerned about this? Like where is the landscape right now with ADHD? Yeah, that's a great question. The landscape is has definitely changed from when I was in medical school, because now it seems like I hear it so often with with kids coming into my office and the parents telling me, well, the teacher says he has ADHD, so yeah, give them the actual diagnosis.

But I'm like, well, you just walked in here with one already. So there's a lot of of that going on where even younger and younger, like I'm seeing three year olds and two year olds and parents are asking, are they do they have ADHD already?

So I, I feel like it's two things. So it's, it's it's come to the fore in the media and everything. And so everybody now is trying to diagnose their kids with this.

But also, as we know, as integrative, pediatricians, that food has changed the environments has changed.

Why Young Children Are Being Labeled Too Early

So where kids are more exposed to things that will definitely trigger behaviors that mimic hyperactivity. So there's a bunch of things going on I think.

Yeah. No, I agree. And we'll definitely get to some of those things in a second. But I wanted to touch on one of the things you mentioned, cause I think it's actually really important and very interesting as a pediatrician, I find, because it wasn't even I haven't been in practice that long, but it's certainly a lot different where, like you said, parents are coming in at like one and a half, two and they're already asking questions about this.

They're worried about that. And a lot of it is very normal toddler behavior. You know, they're active. They're, crying a lot. Maybe they have some tantrums and it's like, oh, I'm worried about ADHD.

And I always try to remind parents like it's, you know, there's a lot of normal, a wide range of what's normal for kids. And I and I think it's certainly reasonable to be conscious of it.

And I do think it's a good as you mentioned, there's more media around it. So it's not stigmatized as much. But at the same time, putting a kid on a medication for life is a big deal, and giving them a diagnosis is a big deal.

And in general, there's no need to have that diagnosis at like two years old. You know, certainly if it's if it's affecting

their schooling as they get older, you know, you see where they go.

And a lot of times I have conversations around strategies and the stuff that we're gonna talk about, like diet and exercise. But even if you want to go to a therapist and kind of work on strategies for calming, I think that's reasonable, right?

But to label a kid at that age to me is, is a little bit early and a little bit. And I always tell people like, let's see where it goes, you know, let's, let's see over the next couple of years how it progresses.

If it gets worse, if you're worried, you know, okay. But I don't think we should be labeling kids at one and a half that they have ADHD. Almost, almost ever. Probably never.

I don't think you can diagnose what do you what do you think about that? No, I absolutely agree. There is. First of all, there isn't a way to really tell, right?

By definition, the diagnosis has to be has to be. The behavior has to be going on in both places, home and school. Well, a one and a half year old is not in school.

Even if they're in daycare. That's not enough. The like you mentioned, there's toddler behavior. I mean, toddlers run around, they play, they scream, they don't pay attention.

So we can't label that ADHD at one and a half for sure. So yeah, I if you took it with you, I have a story I like. I share like one of the reasons I got in, I even think found integrative medicine.

I saw a four year old boy who had been in ten foster homes in six months. And of course, I mean, I always ask people, think about it. If you were him, what would you do?

I'd be running up. You'd be hitting walls or you would not talk to anybody. Right? It's one of those two extremes. So anyways, this little boy was he came in again with the diagnosis.

Okay. He has ADHD. Give him some meds. I'm like, he's four. I'm not going to do that. Well, I noted that in the 15 minutes I was in the room, he was running up and down hidden walls, but he would come and give me a hug.

And so every time he stopped and gave me a hug, I took note of it. And I heard myself saying to the The Guardian that brought him in, I don't think he has ADHD.

I think we need to find him, find a home where he's loved.

Trauma, Foster Care, and Misdiagnosis

And even I was like, where did that come from? That's not what we are trained to see, right? But he did take my advice. They found him a foster home and the mark, the difference was the next time I saw this child in about six months, he was sitting on the lap of a foster foster father and gave me one hug.

And there was no more hyperactivity. And it was about the same time I was learning about how trauma affects the behavior, how trauma changes the way brain functions.

And so I was like, oh my goodness. So this kid wasn't loved. He was being abused in the homes he was in. And that's what it took to reverse that behavior, because I could have put him on, or I could have sent him to a psychiatrist to put him on meds.

But what I'm so thankful now. And so that made me start looking into I started learning more about trauma, and that's how I got into integrative medicine.

And it's just so so that I always point that out to parents like it's so we need to look at everything that's going on

with the child before we see it.

This is ADHD for sure, especially when they're younger. Right. And that's such a beautiful story because, you know, for us as, as pediatricians, it's like we're not against medicine.

I'm not against medicine as an integrated at all. I think there's a time and a place, but the time should be the last resort. It should be the last thing that we're doing.

It should be for the kids that really, truly need it, because there absolutely are some kids that it makes a big difference for. And it truly does help, yes, but a lot of the kids fall into some sort of story like the one that you just mentioned.

You know, whether it's a foster, issue and mental health, you know, type part of what's leading to the, to the diagnosis or whether it's so many other things we're not talking about, like sleep or nutrition.

You know, I've had kids that have come to me, ADHD diagnosis, but they're having sleep apnea. It's like, or they are exposed to lead or some other, you know, toxic chemical.

And it's like, okay, some kids do truly have it, but the vast majority probably don't or don't need a medication right away as the first step. But there are a lot of other things that we can do.

And you see this clip and I'm sure you see it, if you work with these kids, then the vast majority of them either don't ever need the medication, can come down on their medication or can get off their medications.

And that's our goal as physicians, right? Our goal is not to give kids medicines. It's to help them be as healthy and resilient as possible. And that's what I love about your story is is you're getting to the root cause because giving them medicine won't won't cure anything.

I might help their symptoms a little bit in the short term, but that's not going to help that child. Truly. So that's that's just beautiful. Beautiful story.

So maybe we can move on now to some of the other things that you found, that are really vital to look into and think about before jumping to, to a medication with with ADHD. Yes.

So something you mentioned already sleep. ADHD could also be called the sleep disorder because if you think about it as adults, if you don't sleep you only function well.

Same thing with kids. If they don't sleep and get the adequate amount of sleep their brain needs.

Sleep Problems and ADHD-Like Behavior

Because the brain needs sleep to rest and to slow down and to heal itself. And if the child doesn't get that, then they're more likely to be hyperactive.

And again, like you said, sleep apnea. If that means a child isn't getting enough oxygen to their brain, and that's for sure means that your brain is the child's brain won't function like it should, so that's always something critical to look at.

I always ask, does your child grind their teeth at and when they sleep? Does your child snore? Those are important things to take note of parents so that you can, because you'd be amazed how the lack of sleep, the lack of appropriate breathing will affect the behavior of the child.

Definitely not. Those are all great points. And I mean, even if you look, you know, sometimes people say like oh integrative medicine, it's a little bit woo woo things like that.

But even what you just mentioned that's like in the diagnosis guidelines for it, you have to rule these kinds of things out. And it's it's frustrating to me going through all the regular medicine that we don't talk about a lot of this stuff, that we don't focus on it and that the system just isn't set up to even give you the time to think about these things.

Right. What what what pediatrician what doctor wouldn't want to find sleep apnea and diagnose that and treat that and then not have to put this kid on medicine like it's not like doctors are bad people.

And of course they're not. These are people that are going into medicine to take care of kids. It's just that it's a really I think it's a really frustrating system right now.

And that's why it's so nice to chat with somebody like you who's kind of taken a step back and said, you know, okay, like there are there's a lot of beautiful things in medicine, but there's also a lot that we can do to help kids.

Truly. I think really, really, you know what you said, it's like this is not what I was trained in, but that's also just a real life comment. Yeah, this is a real life like situation and the actual thing that the child needs.

Yes, absolutely. And it's so important as if any pediatricians are listening to this. Please get some extra training. There's definitely we should always be lifelong learners.

And that's what I had to do because until it the reason I found the real reason I found integrative medicine was because it came to my doorstep. Something happened to my daughter and I couldn't figure it out.

Her lips turned jet black and I couldn't. Nobody the allergist, the dermatologist, nobody could figure out what happened to her. And she looked like she had allergy like symptoms, and her behavior was changing.

And so I started digging and digging. And then I came across the IG, IG, food sensitivity test. I did it, and voila! She was highly sensitive to gluten, dairy, eggs, cashew, pineapple, all things we had all been eating.

So, so, so being that I am, I the whole family went off of it that day. So. And everybody was egg free, dairy free all of a sudden. But in six weeks, her lips went back to pink and her allergy symptoms cleared up.

Food Sensitivities and Nutrition

And I was like, oh my gosh, what in the world? Like did. So that's what led me to getting retrained in an integrative medicine course. Then it hit me that.

So food plays such an integral part in behavior in what manifests on the child's skin, even so. Right, right. And, you know, some people have those kind of moments.

You know, for me, it was just even just seeing patients go to other practitioners with stories like that. And, and getting better and being like, what?

What is going on? Like why are so many going to an acrobatic doctor and getting better, even though they've had this autoimmune condition they're supposed to have for life, but yet they don't even have the antibodies anymore, and they're not even have the diagnosis anymore.

And and think it's just amazing when you step back and you look at it and you're like, wait a minute. Like, why? Why are we thinking like that? Like that's so basic.

Like, yes, of course something like food could have an impact. Now, maybe it's not. Maybe it's just genetics. You could have cystic fibrosis, you could have whatever.

And that may be totally genetics, but a lot of it is not. A lot of it is what we're doing. And and I, I always liken it to diabetes and diabetes, I feel like is the perfect example of this, because we know that you have the two different times and, you know, one, you can have just an autoimmune condition that you know, who knows what the reason

is, just genetics.

But then there's the other, you know, type two diabetes, which is like totally, almost totally lifestyle. And, and you can have a very similar, symptom symptomology.

But yet one is completely from the food that you're eating, the exercise and the other things that you're doing. So why isn't that true of everything else?

Like, couldn't that be true of ADHD? Why can that be true of a lot of other conditions? And so yeah, I think nutrition is extremely, extremely vital. Yes.

What about what are some of the other things a lot about toxins? I mean we talk about that. Toxins play a big part. I had a 12 year old who showed up in my practice saying that she was hyperactive.

Our mom said she was hyperactive and the teacher said she have ADHD. So I'm like, did this suddenly show up in in fifth grade or whatever grade she was in?

And I'm like, okay. So I started asking the questions and I one of them was, so tell me about your house. Is your how old is your house? So she said, well, doctor, everybody thinks I'm crazy because when insects fly in my house, they just fall dead.

And when I and my daughter and the dog going, we feel sick. And the dog just lays down like it wants to pass out. And I'm like, well, that doesn't sound right.

So I astrocytes, can you take my patient out of the home or I will, all of you? And she said, well, she could get the her daughter out. So I don't know was out of the home for at least six, 6 to 8 weeks.

And I saw her again. And the hyperactivity had resolved. So it turns out they had an extremely bad case of black mold going on in that home. And if I didn't ask that question about the home, she would be on stimulant and she would be there getting sicker and sicker, and it wouldn't solve anything.

So I highlight that to say toxins in your environment is extremely important.

Environmental Toxins and Mold Exposure

Lead has also been found to to create symptoms that like hyperactivity. So if we're not asking and checking and we're going to be medicating and not solving the real issue.

Beautiful. Yeah I mean that absolutely true. I couldn't I couldn't say it any different or went any different. Cause that's exactly what that I think.

And maybe next thing about exercise, because I feel like that's another big part of this hyperactivity in kids where they're, you know, in front of screens a lot and, maybe not moving around.

Recess has been decreased. We're not outside as much as we used to be. We're not walking to school. You know, all these things that we used to do. And I feel like that also plays a big part in a kid, especially a toddler, is not really good at being cooped up or sitting at a desk or anything like that.

So, you know, you can get an ADHD or an hyperactivity diagnosis for a kid who's just just active. I know, I know. I yeah, you're absolutely right. I like to explain it to the parents and the kids as we ask them to show me where their brains are, and then they show it and I say, well, you know, your brain needs the most oxygen in the body and how can you bring it that so you can work?

Well if you run around. If you play, then your brain gets oxygen because that's so critical. Yes, I agree, we we are we. The kids spend most of the school day on screens.

Now they they they don't even write that much anymore. And then they get home and they screen time too. So definitely under the age of two, even the AARP says no screen time.

And and often parents will say, well, it's education, you know? And I ask the parents, you remember when you were growing up, you were watching TV and you will learn with your hands and your senses and all of that.

So it's so important as parents that we get back to the basics. The basics is let the kids be kids, let them run around, let them play, take away the iPads and all of that.

In my home I have three kids. There's no electronics during the week, on on the weekend, maybe an hour or two of TV on Saturday, but that's it. I, I, I take them to the library, we go a long trips with no energy and I'm sure they keep pointing out, like cars are plastic.

But look, they have a TV. That's great. Talk to your sister. So it's it's. I think it's time for us to get back to basics, because the brain does the the brain needs all the oxygen it can get.

Kids need to be exercised for sure. Yeah, and totally, totally agree. And I and I always like to finish off with, with positivity and and actionable steps.

And a lot of what you mentioned is actionable. But I would say, you know, to finish off what would you like parents to think about or to do this week, that they could be mindful of or make a change or what they should be doing first, especially if they feel like they have a child with a little bit hyperactive.

Exercise, Screens, and Getting Back to Basics

Okay. So I'll talk about three things. Three quick things. First of all, your child's your, you know, not stuck with the brain. You have nine days your child changes can be made and their hyperactivity can improve.

So one thing you can do is definitely make sure you have a sleep sleep routine in place. Take the devices out of your child's room so that the light from the devices doesn't tell their brains and stay awake, and therefore they don't sleep.

And if you feel and if your child snores or it grinds their teeth at night, for sure bring that up to your pediatrician or your dentist that needs to be checked out.

Second thing I would say is like something quick that they can make changes with would be like food dyes. So if you're feeding your child a cereal that looks like the colors of the rainbow, lots of research has shown that all of those dyes will increase hyperactivity in children.

So you want to change some cereal out. So something like Honey Nut Cheerios, I mean, we can get into all of that, but honey, not cherry is at least isn't colored, right.

So you want to decrease the amount of dye that children are ingesting, along with the amount of sugar. So I would not give so that to your kid. I would teach them to drink water instead.

What that means you as the parent need to start drinking more water. So how about you make it a competition at home and all of you drink one more glass that you drank yesterday, so that definitely helps.

And go outside with your kids and playing with them. Put your phones down parents, and go hang out with your kids. So I love that. That's very actionable, very practical, not that complicated.

Pretty simple tips, but extremely important. And things that we're just not doing enough of. So I really I really appreciate you being here. I really thank you for for being a part of this.

Can you tell people, where to find you if they want to, you know, follow you on social media or, check out anything

that you're working on or work with you.

Okay. Yes. Thank you for that. And thank you again for having me. So the name of my practice is Glow Pediatrics. That's glow pediatrics.com. And on there is so we we do two things.

We provide autism and ADHD medical evaluations for children in the states of Oklahoma, Maryland and Georgia. So you can go to our website and fill out the contact form and will contact you.

In addition, we provide ongoing care for children with ADHD and autism in an integrative way. So helping basically like what we've talked about today, like really getting to the root cause of what's going on with your child so that your child and the entire family can thrive.

And on all the platforms IG, Facebook, I doctor okay. Echo, where else? YouTube. Oh yes, I have a podcast.

Practical Tips and Where to Find Doctor Echo

It's called Brain Power with Doctor Echo that's on Apple, Spotify, Google. I have a book that's behind me called Pediatricians Guide to How Your Child Spells Love children's love letters.

So yes. Beautiful. That's very cool. Well, thanks again for for being a part of this. Check out everything that you're doing. It's fantastic. And it's always wonderful to talk to another practitioner who, is working on, a lot of this, you know, basic stuff, but really, really important foundational things that that make such a huge difference. And let's all remember that, you know, medications are okay when you need it.

But we just want to focus on these basic foundations, because even if you do need a medication, all the things that you said are still very relevant, very important and can be very helpful as well, regardless of anything else.

So again, thanks everyone for listening. Thank you for being a part of this, and we'll see you in the next episode.