

Review: Peter Breggin, *The Ritalin Fact Book: What Your Doctor Won't Tell You About ADHD and Stimulant Drugs*, Perseus Publishing, Cambridge, MA, 2002

Pages: 234

Dispelling the 'ADHD' Myth!

The dangers exposed by Dr Breggin of giving these deadly drugs to children is shocking. With 'ADHD' and related 'disorders', simply voted into existence by the American Psychiatric Association, on exponential increase, every reader would know someone impacted. This fact instantly enables one to link 'ADHD' symptoms to their root cause; psychotics.

Basic pharmacology, drug catalogues, and symptoms are covered, and critical to remember so the abovementioned links can be made.

The latter half of the book dealing with psychology boils down to ineffective, non-moral, and distant parenting.

There is also the insidious State to consider; if a doctor or school finds out parents have discontinued dangerous psychotics, Child Protection Services may intervene and take custody of the child!

The only rational conclusion to be drawn is this parasitic system is now 'too big to fail' due to the money, reputations and pride involved, which mistakenly medicalised largely spiritual and relational issues. Where the underlying causes of 'ADHD' are physical, e.g., brain damage from environmental or genetic factors, causing *further* brain damage via prescribing harmful psychotics is reprehensible.

The Stimulant Drugs (pp. iv-xiv)

6M children are on stimulants. The short-acting: Ritalin, Methylin (methylphenidate); Focalin (d-methylphenidate); Dexedrine, Dexostat (d-

amphetamine); Adderall (amphetamine mixture); Dexosyn (methamphetamine); Cylert (peroline).

Long-acting: Concerta; Metadate ER; Ritalin SR/LA; Methylin ER (methylphenidate); Adderall XR.

Be Informed (pp. xv-xvi)

All stimulants are highly addictive and subject to abuse. They cause agitation, aggression, psychosis, mania, depression and OCD.

Cold-turkey may cause fatigue, depression, and suicidal ideation.

Introduction: Facts Unavailable Anywhere Else (pp. xvii-xx)

Breggin never starts patients of psychiatric drugs.

I) A Factual Antidote to Stimulant Drug Misinformation (pp. 2-3)

Stimulants are likely to *worsen* mental condition and behaviour.

II) A Child's Journey Through Psychiatric Diagnoses and Drugs (pp. 4-16)

The Connors Scale is the official ADHD criteria.

Stimulants are contraindicated for agitated children.

Once placed on stimulants, children are told they will have to take them the rest of their lives.

'Mood stabiliser' clonidine causes heart arrhythmia.

Risperdal can *cause* permanent tics (tardive dyskinesia [TD]), a symptom of Tourette's. Antipsychotics produce 5-8% of TD cases per exposure year.

III) Of Cages and Creativity – How Stimulants Work (pp. 17-29)

“How can a stimulant help ‘overstimulated children’?” [p18]

All stimulants put a governor on children's brains. They are a form of chemical lobotomy which disrupt brain connections.

Stimulant efficacy is often 'proven' by teacher testimony of child behaviour; drug-induced mental impairment is not 'treatment'.

The drugs *do* make children more compliant though.

Stimulants cause retardation, inflexible thinking, social withdrawal, reduced communication, compliance, apathy and tiredness, depression and frequent crying, and lack of spontaneity.

In extreme cases, children "lose their souls".

Drug-company propaganda states stimulants correct "biochemical imbalances".

Pharmacological action is demonstrated by how it *disrupts* normal brain function.

Almost all studies are done of patients already exposed to multiple drugs for months or years, so there are no placebo controls.

IV) How Stimulants Cause Psychiatric Disorders (pp. 30-42)

Almost all adverse reactions in overdose can occur at low dose.

Effects include:

-Stimulant-induced brain shrinkage.

-Cell death.

-Muscle breakdown.

-Panic states.

-Dry breathing passages.

-Confusion.

-Reduced blood flow.

-Reduced oxygen.

-Sensitisation.

-Brain shrinkage.

'Ritalin 'cognitive toxicity' may be 40%.

Amphetamines (Dexedrine, Adderall) cause depression at 39%;
Methylphenidate (Ritalin, Concerta) at 8.7%

Doctors prescribe anti-depressants *after* stimulant-caused depression!

V) How Stimulants Harm the Child's Brain (pp. 43-52)

Ritalin acts like cocaine.

Ritalin reduces brain blood flow up to 30%!

Stimulants overactivate dopamine, norepinephrine, and serotonin. This causes the brain to shut down neurotransmitter systems to compensate, the cause of withdrawal symptoms.

VI) How Stimulants Harm the Child's Body (pp. 53-66)

Ritalin in children can reduce monthly weight gain by 25%; it increases growth hormone during the day when it isn't needed, and conversely decreases it at night.

A grand mal seizure involves total unconsciousness and spasmodic limb movement.

An alkaline stomach increases stimulant absorption.

VII) How Stimulants Cause Withdrawal, Addiction, and Abuse (pp. 67-76)

Ritalin is a Schedule II listed amphetamine.

Withdrawal causes insomnia, aggression and irritability.

VIII) How to Withdraw From Stimulants (pp. 77-84)

One protocol is 10% per week reduction over ten weeks.

IX) Do Stimulants Really Help With ‘ADHD’? (pp. 85-91)

Long-term efficacy has not been confirmed (“long-term” means over *three weeks*).

X) Do Antidepressants and Other Drugs Help With ‘ADHD’? (pp. 92-106)

Persistent psychoactive drug users become forgetful and are unable to focus on difficult tasks.

Prozac (fluoxetine), Zoloft (setraline), Paxil (paroxetine), Celexa (citalopram), and Luvox (fluvoxamine) are all serotonin removal blockers from between neuronal synapses.

23% of children on Prozac develop mania.

SSRIs cause apathy (“SSRI-induced lobotomy”; “amotivational syndrome”).

Older tricyclic antidepressants include: imipramine; desipramine (Norpramin); nortriptyline (Pamelor, Aventyl); amitriptyline (Elavil); clomipramine (Anaframil); and doxepin (Sinequan). These can cause heart attack.

The oldest neuroleptic antipsychotics are: Haldol (haloperidol); Orap (pimozide); Mellaril (thioridazine); Prolixin (fluphenazine); Thorazine (chlorpromazine); Trilafon (perphenazine); Moban (molindone); Stelazine (trifluoperazine); Loxitane (loxapine); Serentil (mesoridazine); and

Navane (thiothizene).

Clozaril (clozapine) was banned in Europe.

After prescribing poisonous neuroleptics, doctors sometimes blame parents for poisoning their own children when they become symptomatic.

A doctor or school may call CPS if parents refuse to give their children psychiatric drugs.

Benxodiazepines include Klonopin, Valium, Serax, and Xanax. These are highly addictive and can cause extreme anxiety and insomnia. Xanax in particular can cause mania and violence.

Li and Depakote are ‘mood stabilisers’. They flatten emotions and cause ADHD

XI) Do ‘Alternative Treatments’ Help With ‘ADHD’? (pp. 107-111)

Transient hypoglycemia causes faintness, irritability, anxiety, and difficulty focusing.

XII) The Ultimate Source of Misinformation (pp. 112-120)

Dexedrine is made of d-amphetamine sulfate.

Adderall has is made of four amphetamine analogues.

XIII) The Real Nature of ‘ADHD’ (pp. 122-136)

Underachieving children are often told they have “crossed wires” or “biochemical imbalances”.

XIV) The Real Nature of ‘Learning Disorders’ (pp. 137-146)

IQ simply assumes the existence of one genetic intelligence factor.

XV) Why ‘ADHD’ Should Not Be Considered a Disability (pp. 147-151)

ADHD is a government-designated disability with allows for a monthly

social security cheque.

XV) How to Provide Guidance in the Family (pp. 152-160)

XVII) How to Help Out-of-Control Children (pp. 161-174)

“When the home deteriorates, a coalition often forms between the permissive parent and the out-of-control child, while the more authoritarian parent becomes isolated and increasingly frustrated.” [p163]

The real problem is often parental failure.,

XVIII) How to Provide Guidance in the Classroom and Other Groups (pp. 175-188)

XIX) When the School Says Your Child Has a Problem (pp. 189-194)

XX) Getting Worse Before It Gets Better (pp. 195-200)

XXI) After September 11 – A Better Future for Our Children (pp. 201-204)

The author foolishly believes we must recognise the truths in all religion which value life, and includes Islam!

Notes (pp. 205-213)

Focalin is a more potent right-handed form of methylphenidate.