

Her Dreams Were Measured in Milligrams

Rebekah Winner

Course: English 101

Instructor: Carly Zeller

Essay Type: Argument

"Welcome Mr. and Mrs. Winner, please come in." These were the words of my six-year-old sister's first grade teacher. "Your daughter, Hannah, is such a bright child; however, I have noticed some changes in her behavior that have caused me to worry about her. She continuously daydreams during class, turns in assignments with letters that look like chicken scratch, and is always smarting off to me or other fellow students for no apparent reason. She can't sit still in her chair, and constantly steals other children's belongings. When she becomes frustrated, she often throws things across the room, breaks her pencils, or writes all over her classmates' paper. I love your child and want the best for her, but we're losing her. Hannah's grades are noticeably declining, and I'm concerned that she will not pass first grade."

This was no surprise for my parents, who had fought with my sister since she was six months old. Immediately after taking her six-month immunization shots, there was a complete change in her behavior. Before, she was a well-mannered, balanced, patient child. Following the months after Hannah received shots, her behavior drastically changed. She pulled flowers from our neighbor's award-winning yard, turned on another neighbor's water hose while they were on a two-week vacation, continuously hid for hours at a time, lit everything on fire, and would suddenly exert emotions of rage and anger. My parents were at their wits' end. They took Hannah to specialists, numerous pediatricians, art therapists, neurologists, physiologists, sociologists, and any other professional that offered hope. Through careful observation of Hannah's behavior, each report concluded that my sister had ADHD (Attention-Deficit Hyper

Disorder). This is the most researched of all childhood behavioral disorders, with more than one thousand scientific articles published yearly. It is a chronic condition whose symptoms continue in 60% to 80% of adolescents and, in some individuals, even into adulthood (Reiff 2004). They told my family that there was only one solution for my sister's worsening condition: Ritalin.

The doctors started Hannah on five milligrams of Ritalin, once a day. With this immediate-release formula now prescribed, the Methylphenidate lasted only about four hours, thanks to the rapid increase in plasma concentrations (CNS Drugs 2004). For the next four years, her prescriptions scarily increased to higher dosages every time we visited the doctor, until she was taking twenty-five milligrams, three times a day. During the hours she was on her medication, which was usually when she woke up until six in the evening, we had what we felt was a normal family. Studies taken in May 2001 stated that children with ADD who took Ritalin did significantly better in school than when they didn't have it (Osterweil 2001). For Hannah, this was proving to be true both at home and school. Although it bothered us that the dosages were being increased, Ritalin was fighting our battle for most of the day, and for that, we were thankful. This was obviously a better choice than a mental institution. Unfortunately, once the last pill wore off for the day, all went crazy once again. We noticed that each time Hannah went into a rage, she did something worse each time. She talked of ending her life, how much we hated her, how stupid she was, and often cried for hours into the night. When my parents found her burning the trash in the trashcans inside my house, they decided that they would find an alternative to this drug.

My grandparents introduced us to a specialist who was put into the same situation with her son. The doctors gave the diagnosis and told her that Ritalin was her only choice. Knowing that there must be a better way to treat her son's condition, she resigned from her position at

Louisiana State University as a Chemistry professor and went to medical school. She discovered that limiting the intake of certain foods can treat ADD and ADHD which affects the behavior of children. After being on a waiting list for six months, we met with Dr. Stephanie Cave. Blood work and a complete list of every chemical in Hannah's body were measured and recorded. "It's a miracle she can function with the shortage of the necessary chemicals in her body," said Dr. Cave. "Her Phenylalanine, Tryptophan, and Taurine, among others, are far too low, however, the yeast and metal counts are very high, and it's dangerously alarming." Because she had been taking Ritalin for so long, her body became dependent on it. Ritalin contains Methylphenidate, which is rapidly absorbed in a d-isomer form, and readily penetrates the CNS, particularly the striatum. It also functions by blocking the reuptake of dopamine (CNS Drugs 2004). This basically means that while the stimulant drug is temporarily fixing the chemical imbalance that causes the bad behavior, it affects other parts of the brain in a frightening way. Dr. Cave, after reviewing the results from Hannah's body analysis, formulated mixtures of amino acids to begin breaking down the blockages in Hannah's brain caused by the Methylphenidate in Ritalin. Once all of the toxins had been expelled through her urine, more amino acids and natural substances were given to her to once again level out her body's chemical make-up.

In his book, *Talking Back to Ritalin*, Dr. Peter R. Breggin discusses some of the damaging effects of today's controversial drug. A decrease in blood flow to the brain, disruption of growth hormones, permanent neurological tics, including Tourette's Syndrome, addiction and abuse, depression, insomnia, agitation, social withdrawal, and the worsening of the very symptoms the drug is supposed to improve are just a small amount of side effects that can occur after a child is on Ritalin! Thankfully, Hannah only experienced the milder side effects. I often found her at all hours of the night sitting on the floor in the living room with tears streaming

down her sunken cheeks as her small ninety-pound body shook violently. I would ask her what was wrong; she would tell me that she couldn't sleep. She knew that she was different, and she knew that she wanted to change.

Every day, notes are being sent home to parents, repeatedly claiming that the behavior of their children in the classroom is unacceptable and immediate action must be taken. If your child suffers from problems like my sister's, it may be part of her rebellious nature, or she could be suffering from a mental disorder. Unlike identifying a common cold by a cough or a running nose, however, ADD and ADHD are more difficult to diagnose (Adesman 2000). Many parents are continuously exhausting their time, effort, and money while desperately searching for answers. After taking Hannah off of Ritalin and limiting the amount of red dyes, yeasts, sugars, and starches that she consumed, she quickly gained twenty pounds, slept for most of the night, and was happy again. Today she is a beautiful, 115-pound, bright-eyed girl with a world of potential. Just the other day she was nominated to be on the homecoming court at the new school that she started only three weeks before. Thanks to Ritalin, we were able to silence the screams of terror caused by my sister's condition for four years, and it allowed time to find another treatment for Attention-Deficit Hyper Disorder. She still takes amino acids every morning in hopes that her body will once again become chemically balanced. Thankfully, we now know that Ritalin is not the long-term answer to treating ADHD. Don't treat a child's illness with a drug that can become addicting and is only effective if the dosage is increased. Ritalin is an amphetamine. It's a getaway drug that is more powerful than marijuana and can trigger an addiction in a child from which there may be no return (Stein 1999). Ritalin could cause side effects more disturbing and devastating than the ones my sister encountered. Don't take that chance. Go to see a nutritional therapist and begin ridding your child's body of toxins that affect every aspect of his

life. Ritalin is not the way to provide children with a hopeful tomorrow. Their futures should not be measured in milligrams, but by what they can dream.

Ms. Zeller's Comments: *This writer has a style that radiates from the page and draws the reader in. In addition the writer uses ample evidence to show that there are alternatives to the popular drug, Ritalin. Rebekah's essay is also effective as her ideas and evidence are organized clearly and concisely.*