

What can I do?

ADS cannot only be treated psychologically, but also medically - provided the causes are known. For this purpose we offer diagnostic step-by-step approaches:

Exclusion of Kryptopyrroluria

30-40 % of ADS children suffer from kryptopyrroluria, which causes increased concentrations of a haemopyrrole lactam complex to be excreted with urine. This leads to zinc and B-vitamin deficiency. Kryptopyrrole can be easily determined in urine. For this purpose, however, you need special tubes, which protect the urine against light and stabilize it for transport. If kryptopyrroluria is determined, specific therapies can be applied.

Food Intolerances

If you have the impression that your child becomes calmer after omitting certain foods like milk, coke, flavour enhancer or gluten containing foods, a blood test for the determination of food intolerances should be applied, reactions against gluten for example are not rare. These can be easily analysed with the aid of blood and stool tests. Frequently observed fructose intolerance in case of ADS children can be tested with breath gas analyses. If the cause of the intolerance is known, you will get dietary information with the reports. They will

help you to take existing intolerances into consideration when preparing the daily meals. Aside from omitting intolerable foods, the gastro-intestinal tract often has to be treated.

Are you interested in further information? Contact us, we gladly provide advice.

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DIAGNOSTIK

ADHS - Attention-Deficit-Hyperactivity Syndrome

Is your child impulsive, hyperactive or inattentive?



PATIENT INFORMATION

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Where are the differences between creative, lively children and those suffering from ADS?

One speaks about AD(H)S if the following symptoms occur more often in a child than in those of the same age and if they persist for longer than six months.

FREQUENT SYMPTOMS

IMPAIRED ATTENTION

- dreaming, easily distractible
- forgetfulness
- does not hear and forgets instructions
- erratic moods

IMPULSIVENESS (LACKING SELF CONTROL)

- talks too much, ignores social signals
- disordered social behaviour
- pushes in, not able to wait quick temper, severe sudden emotional outbursts,
- aggressiveness

MOTOR HYPERACTIVITY (NOT ALWAYS)

- fidgety child
- sudden movements
- "talks" with hands and feet

OTHERS

- problems falling asleep
- clumsiness, spidery handwriting
- problems in school, learning disorders
- problems complying with work orders given by third persons
- very helpful and feeling responsible for weaker persons
- low self-esteem
- permanently challenges limits

Causes of an ADS syndrome may be unexpectedly many and varied.

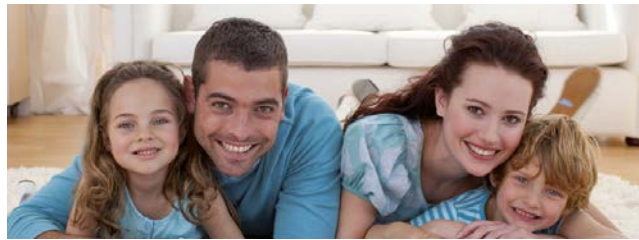
Just a small overview:

CONGENITAL FACTORS

BIOCHEMICAL FACTORS

Information flow in the nervous system might be disturbed by

- damaging influences during pregnancy due to smoking or alcohol
- metabolic disorders, unbalanced diets, food intolerances
- weakening of the body's own immune defence caused by environmental pollution



PSYCHO-SOCIAL FACTORS

- Nemergency signals of the child because of strained relationships in the social environment
- sensory overload due to visual and acoustic impressions
- missing love and security, lack of consequence and other special family problems
- false focus on performance, excessive performance requirements
- communication problems in kindergarten or school
- missing structures of daily routine

Metabolic disorders are often regarded as possible cause of ADS today, as they may lead to false regulation of neurotransmitter systems. Controlled information processing in the brain is obstructed. Congenital disposition may be responsible for this false regulation. But also other factors play an important role. Frequently **micronutrient deficits** are observed in ADS children.

Especially zinc, B-vitamin, magnesium and omega-3-fatty acid deficits are of importance.



Causes of the nutrient deficiency are often haem metabolism disorders – the so-called **kryptopyrroluria (KPU)**. In the course of this disease zinc and vitamin B6 are bound to metabolic nonconforming products, so that no sufficient amounts are available for the organism.

The majority of the children concerned, however, also seems to suffer from **food intolerances**. In this case often **elimination diets**, which means omitting causal foods – are rather successful.