

ADD or Iodine Deprivation?

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In May of last year NS3 held its third Children's Health Conference, which focused on the learning disorder spectrum. Joyce contacted us shortly after the conference as a result of seeing our Centre promoted in the media as a resource for parents of children with learning difficulties.[1]

Joyce was 65 when she contacted us to enquire whether we could help her improve her mental function. She thought that she might have been suffering with attention deficit disorder (ADD) all her life. Without committing to being able to help or supporting her self-diagnosis of ADD, I suggested that she came along for a consultation, as frequently nutritional support improves well-being irrespective of an underlying health problem.

Joyce arrived on a hot summer's afternoon a little flustered from her long drive to us in Bracknell, but otherwise in good spirits. Joyce is a tall, slim, well-dressed, strong-looking woman. It was clear from the outset that Joyce had a slight speech impediment and spoke louder than most people. Her eyes appeared kind, large and bewildered behind her glasses.

When taking a health history, Joyce described herself as: a daydreamer (at school and at home); a gazer; with a poor ability to listen; difficulty joining and contributing to conversations appropriately; poor sense of danger or hazard; very badly organized; sleepy during the day (particularly after lunch); tendency to depression (though quite upbeat at the time); and long-term feelings of being cross at not achieving. Joyce experienced good energy overall and slept well. She had been prone to constipation since a teenager and had taken aspirin for the headaches that she had experienced since the menopause. Joyce had also taken Zoton (antacid medication) and been advised to stop. Colds, infections, laryngitis, sinusitis and gingivitis were part of her long-term problems and she had taken many courses of antibiotics over her lifetime. Joyce had self-supplemented glucosamine and chondroitin for back problems for some time, and had recently introduced selenium ACE and B vitamins.

Joyce had trained as a nurse but had always found the job stressful as a result of her attention difficulties. She had separated from her husband two years ago after a long marriage in which she raised her three sons. Married life and child-rearing had been very stressful.

Being responsible for young children, given her attention problems, was extremely challenging. Looking back remains stressful and her relationship with her sons is still not easy. She feels that she is always verbally putting her foot in it.

Joyce drank at least half a pint of milk a day, loved cheese and ate yoghurt daily. She also enjoyed ice cream. Bread, butter, jam and marmalade were favourite foods and she used to love pizza, biscuits and cakes. She had cut coffee to 2-4 cups daily. Alcohol was minimal and she had never smoked. She ate fish less than once a week, but ate meat and poultry regularly as well as good levels of fruit and vegetables.

It wasn't until the end of the consultation when I asked Joyce if she had anything else to add that she told me about her understanding of what she experienced as a toddler. She had apparently received thyroid treatment from the age of 20 months. For many months prior she had been taken to specialists but was not commenced on treatment for her low thyroid function until 20 months. This is about as much as Joyce knows about this experience in early life.

Without knowing Joyce's early history for sure, the most likely explanation is that she was iodine deficient. The only known role of iodine is in thyroid function. However, iodine does not work in isolation. Calcium, iron, selenium and zinc all play a role in thyroid function.

As iodine gets incorporated into the tyrosine molecule, adequate tyrosine is also important. Too much arsenic, fluoride, cobalt and selenium can also displace iodine.

Iodine deficiency is the most prevalent cause of preventable mental retardation in the world and can be very severe. However, around 15 million people worldwide today suffer less severe mental effects as a result of iodine deficiency. The brain is particularly susceptible to iodine deficiency during foetal and early postnatal life. Intelligence shows a

sharp decline if thyroxine therapy is delayed after the age of three months.

Clearly Joyce has coped well with this likely disadvantage, in that she is coping in society. She drives, has trained as a nurse, has raised three sons, and has a home to manage and an elderly mother to consider. Joyce's frustration with her lack of achievement may be impassable, in terms of actual improvements. However, understanding what might have occurred will hopefully help her feel less frustrated, guilty and cross. Joyce is on long-term thyroxine therapy. It was apparent to me that Joyce did not appreciate the potential ramifications of her early experience. However, at her last visit to me in April when we reviewed her progress over the year, she remembered a doctor once telling her that it was all likely to be a result of what happened to her as a young child.

Given that Joyce's presenting diet was overloaded with common allergens in the form of wheat and dairy products and that they are also associated with ADD, I recommended that she avoid the foods and replace them with suitable alternatives. Joyce also quit the coffee and introduced more fish. I recommended that she add high-level fish oils and zinc to her self-supplemented programme.

Over the year Joyce experienced some health benefits, including a significant reduction in headaches and easier bowel movements.

However, she had seen no change in her attention span despite high-level fish oil supplementation. This reinforced my conclusion that Joyce's main problems were a result of a likely iodine deprivation in early life.

A word of caution – The US has experienced a sharp fall in iodine intake over the last 20 years, especially in women of reproductive age. Depending on underlying thyroid pathology, excess iodine may cause hypo- or hyperthyroidism. Before self-supplementing with high-level kelp, a rich source of iodine, or upping iodine-rich foods, it is best to seek professional advice if you think you have low thyroid function.

EnerG-Iodine: [www/VoiceBio.com/products.php](http://www.VoiceBio.com/products.php)

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