The Mindd Handbook

An Integrative approach to treating ADHD, Allergies, Autism, Asthma and neuro-biological illness

Metabolic Immunologic Neurologic
Digestive Disorders that often effect the mind
Acknowledgements

Mindd Foundation would like to acknowledge the work of several individuals and groups who have been helpful in compiling this book including; Defeat Autism Now!, Autism Research Institute, James Adams PhD/DAN!, Dr. Kenneth Bock, Jan Brenton, Dr. Robyn Cosford, Anne Darcy, Dr. Marilyn Dyson, Leslie Embersits, Jane Matis, Dr. Jaquelyn McCandless, Amanda Richardson, Dr. Emmanuel Varipatis and the thousands of resourceful parents who have passionately worked with professionals to find solutions for their children.

Disclaimer

The information in this book is a guide to effective treatments currently available for individuals dealing with a range of illness based in metabolic immunologic neurologic and/or digestive dysfunction. This book is designed to complement advice given to you by a health professional.

“We are in the midst of a group of childhood epidemics…related to pollution, environmental degradation and toxicity”

-Dr. Kenneth Bock, Author, Healing The New Childhood Epidemics & Mindd Advisory Board

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Mindd Foundation - www.mindd.org
Dear Community;

This booklet aims to provide a framework to manage integrative treatment for a range of illness including Autism, ADHD, allergies, asthma, chronic infections, irritable bowel syndrome, learning delay and much more.

We have come up with the term Mindd to cover the wide range of illness that shares core causes and can benefit by a similar integrative approach.

As a non-profit health promotion trust consisting of doctors, health professionals and parents, the MINDD foundation is promoting effective biomedical and integrative therapies for Metabolic, Immunologic, Neurologic and Digestive Disorders (MINDD) which are presenting in alarming rates in our children.

This approach, focused on biomedicine, is most effective when someone serves as case worker and communicates clearly across all treatments ensuring that diet supports gut function, that gut function supports supplementation, that biochemistry supports neurotransmission and cognitive function which in turn supports neuro and behavioural therapies.

Promising results in the treatment of many pediatric disorders are taking place because this biomedical model addresses cellular health, a key component in disease prevention. Increased cellular and digestive health leads to an improvement in nutrient uptake which, in turn, assists neurotransmission in the brain enabling the child to benefit more from the allied and behavioural therapies designed to improve language, literacy, auditory and visual processing, sensory integration and motor coordination.

From the Editor

**Illness is a sign to change.** With so many childhood illnesses on the rise, we all need to consider the changes we can make.

The rapid industrialisation of food, medication, communication and lifestyle are challenging our bodies to adapt quickly. A focus on whole fresh foods, toxic-free home products, integrative medicine, individualised education and a low-stress lifestyle can ease this evolutionary crunch.

Our children are telling us they need clean air, clean water, clean soil; wholesome food that is toxic free, unrefined and unprocessed; individualised education; and a medical approach that supports the body’s innate ability to heal itself. Lets listen to our children and enjoy the ride!

Health & Happiness!

Leslie Embersits
Director, Mindd Foundation
Process

The integrative approach relies on treating the individual with the supervision of professionals looking at all facets of the child's health listed below in sequence. Diagnostic testing is used to guide treatment.

1. Diet
2. Gut
3. Biochemistry
4. Toxicity
5. Neuro-Developmental & Behavioural Therapies

Auditory Processing
Sensory Integration
Visual Processing

Gut Function
Nutrient Levels
Food Allergies/Sensitivities
Toxicity

Motor Coordination
Primitive Reflexes
Symptoms

ADD   ADD Anxiety   ADD Aggressive   ADD ADD ADHD ADHD  Food intolerances  ADHD ADHD Allergies Bed wetting Allergies Bloating Allergies Anxiety Constipation Anxiety Drowsiness Anxiety Speech delay Aspergers Itchy eyes Aspergers Asthma Headaches Asthma Short temper Asthma Autism Diarrhoea Autism Ear infections Autism Chronic Fatigue Impaired smell Chronic Fatigue Loss of appetite Depression Eating disorders Dyslexia Dyslexia Learning delay Dyslexia Dyspraxia Dys Motor skill issues axia Dyspraxia Eczema Cognitive impairment Eczema Irritable Bowel Skin rashes Bowel Syndrome NOS NOS Reflux NOS Poor memory NOS NOS OCD OCD OCD Sleeplessness OCD OCD OCD ODD ODD Sneezing ODD ODD Coughing ODD Stomach aches PANDAS Speech delay PDD Throat infections PDD Tight chest PDD RETTS Upper respiratory infections RETTS Schizophrenia Poor concentration Schizophrenia
1. **Diet**

**Children** today eat a completely different diet to their grandparents which is also in stark contrast to the primitive hunter/gatherer diets of our forebears. The huge increase in processed carbohydrates, sugars and trans-fatty acids as substitutes for simple fruits, vegetables and proteins and healthy fats is our children’s diets is implicated in an epidemic of behavioural and learning disorders in the Western World.

Diet and gut dysfunction is implicated in up to 60% of these disorders. These diets lead to digestive and nutritional deficiencies and not so surprisingly a host of learning and behavioural disorders caused by the lack of essential nutrients to the brain.

**Dietary change is the backbone of the Biomedical Approach and can** significantly improve symptoms in 60% of children with Autistic Syndrome Disorder (ASD).* Simply eliminating ‘offending foods’ will not give optimal results. Dietary change as a way of life is needed.

**The Gluten-Free Casein Free Diet.**
This diet is the best-tested for behavioural change in Autistic Spectrum Disorders (ASD). Gluten, a wheat protein and Casein, a milk protein have been found undigested in autistic children and those with ADHD where they act like opiates on the brain. Eliminating them from the diet has helped many children lead a more normal life.

*Dr. R. Cosford

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**The 5P (principles) approach:**

**Primitive (Paleolithic).** Simple foods, often raw, recognisable as real food and prepared as done over thousands of years (soaked, slow cooked broth and meat, no microwave, fermented grains and vegetables).

**Processed.** Avoid all processed foods including all white foods (especially sugar, glucose, refined flours).

**Preservatives.** Avoid these and any other food colours or additives. Be wary of any numbers in foods.

**Packaged.** Avoid additives or food constituents that are not whole food. Beware of aluminium, plastic and other packaging that may leach into food.

**Pre-prepared.** Be wary of any shop-bought ready made foods or frozen dinners. Check the ingredients carefully for for decaking agents in salt, msg, hydrogenated oils, “bakers flour” etc.

• Other diets that help support sensitive or damaged gastro-intestinal tracts include; The Specific Carbohydrate Diet, Gut And Psychology Diet and Body Ecology Diet. **

• Some children have also specific food allergies and sensitivities. After wheat and dairy the commonest offending foods are soy, eggs, peanuts, strawberries, corn and chocolate. For some children a food sensitivity test and trial elimination of these foods may be warranted.

• Once the overall diet is restored, it is rarely necessary to address salicylates, amines and oxalates. Indeed a strict salicylate and amine – free diet will exclude many of the most nutritious foods available.

• Some families can make all these changes at one time, for others it is a gradual process that will culminate in a happier, healthier child and family.

**Visit** [www.mindd.org](http://www.mindd.org) **for more information on the listed diets.**
2. Gastro Intestinal Healing

Our children’s gastrointestinal health is an increasing concern for many parents today. Antibiotics, drugs, dietary sugars, refined carbohydrates, bottle feeding & infection can upset the balance & efficiency of important intestinal gut flora. This can lead to mal-absorption or compromised absorption of important nutrients required for brain and bodily function.

The symptoms of gut dysfunction can commence with difficulty chewing, poor appetite and reflux. As less nutrients are broken down and utilised by the brain a marked deterioration of concentration and behaviour can occur. Recurrent vomiting, screaming, abdominal pain, bloating, constipation and diarrhoea often signal further gut deterioration.

Research shows the entire gastrointestinal tract can be involved to some degree in children with Autism (ASD). Allergies, asthma, ADHD, chronic fatigue, Irritable Bowel (IBS) can be traced back to gut dysfunction and may benefit by gut healing. Treatment should be done with the assistance of a practitioner.

Healing and managing the five main gut problems:

1. **Fecal Loading** occurs when the intestines are full of stool, often with overflow diarrhoea or ‘pellet poo’, bloating and pain. **Management:** Clearing of the bowel typically results in behavioural improvement. Removing milk is often the cornerstone of management in ASD, but often other dietary change, supplements and herbs are required.

2. **Leaky Gut** occurs as a result of gut dysbiosis and allergenic foods, through sub-microscopic inflammation of the gut resulting in separation of the gut wall cells. This allows partially digested foods, toxins, bacteria and other micro-organisms to cross the gut wall, interact with the immune system and enter the blood stream. **Management:** Dietary change, correction of dysbiosis, and provision of nutrients for the gut wall cells to repair.

3. **Gut Dysbiosis** is a marked imbalance in the normal pattern of bacteria residing in the intestines (often found in ASD) which can result in subtle gut inflammation, disruption of normal digestion, abnormal immune stimulation and toxin production. **Management:** Dietary change, replacement of friendly bacteria (probiotics) and the provision of food for correct bacteria (prebiotics).

4. **Gastrointestinal Infections** are commonly found in children with ASD and a range of learning disorders. **Management:** Superimposed infection with parasites, fungi or other bacteria requiring specific identification in stool testing, and then correction using herbs, nutrients or antibiotics.

5. **Enzyme Deficiencies** often result from dysbiosis and leaky gut. This involves enzymes in the stomach, pancreas and/or small intestine. One particular enzyme, DPPIV (required for the digestion of gluten and casein), is frequently affected. **Management:** Dietary change is required, and, in some cases the addition of particular enzymes may be necessary.
3. Biochemistry

A child's brain is a complex living organ that requires fuel just as bones require calcium. The brain's neurotransmitters control all aspects of behaviour, mood, learning, concentration, movement and. Amino acids, the building blocks of protein are the raw materials (fuel) needed for neurotransmitter function. Not only does the brain require specific amino acids for neurotransmitters but also co-factors (in the form of certain vitamins and minerals) that must be present to support the synthesis of amino acids into neurotransmitters.

Any gaps in this nutritional pathway can lead to neurotransmitter deficiencies and subsequently many of the behavioural and learning disorders often indicated in children with ASD, ADHD etc. According to Dr Jaquelyn McCandless An estimated 60% of all these children show abnormal amino acid patterns. She says “Study after study has revealed that not only autistic children, but also children with ADD and ADHD are lacking in key nutrients. When these nutrients are not present in the body or diet, cognitive function and behaviour is adversely affected”. Even when children are obtaining enough amino acids through the diet poor digestion, malabsorption and a lack of co-factors (vitamins and minerals) may still lead to these problems.

Appropriate treatment with nutritional supplements needs to be implemented by a trained practitioner. This treatment is guided by the clinical history, clinical examination and from the results of pathology tests. Generally therapy may include amino acid, mineral, vitamin and essential fatty acid supplementation.

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Key Neurotransmitters In Behaviour.
The main neurotransmitters involved in behaviour, mood and learning are **Serotonin, Dopamine and Noradrenaline (Norepinephrine)**.

**Serotonin** is an inhibitory (calming) neurotransmitter that regulates mood, controls eating behaviour, sleep, arousal and dreams. Low serotonin is implicated in depression AND

**Dopamine** is an excitatory and ‘feel good’ neurotransmitter that controls movement & muscle action, attention and learning. Ritalin (an ADHD drug) increases available dopamine in the brain. Amino acid supplementation and diet can also increase dopamine and involves the amino acid tyrosine along with co-factors B3, B6, folic acid & Vitamin C

**Noradrenaline** is an excitatory neurotransmitter responsible for alertness and wakefulness, energy, memory and our ‘Fight or Flight’ response.

Children on the Autistic Spectrum may frequently be low in the following nutrients:

**Vitamins:** A, C, D, E. Vitamins B1, B2, B3, B5, B6 & B12. Folic Acid,

**Minerals:** Zinc, Magnesium, Manganese, Calcium, Iron, Chromium, Selenium

**Amino acids:** Tyrosine, Taurine, Glycine, Methionine, Glutathione, Glutamine

**Essential fatty Acids:** Omega 3 fatty acids such as ALA (flax, pumpkins seeds, leafy green veg.), EPA and DHA (cold water fish). Omega 6 fatty acids GLA (borage & primrose oils) and AA (meats, eggs, milk). Note the ratio of Omega 6 to Omega 3 is also important and ideally should be no more than 10:1

1. Functional Depletion

Genetic variations in some of the body’s enzyme systems produce an increased need for particular nutrients to compensate for biochemical weakness and allow for normal chemistry function to occur. Pyrrole disorder is a common feature of many behavioural and emotional disorders where inborn error of pyrrole chemistry results in a dramatic deficiency of zinc, B6 and the EFA arachidonic acid.

2. Oxidative Stress

In children with Autism there are higher levels of Oxidative Stress, lower levels of protective antioxidants and above normal requirements for these same antioxidants. The biochemistry of ADHD, asthma, allergies and learning delay appears to be similar.*

The use of appropriate antioxidant supplements such as Vitamins A, C, E is indicated.

3. Histamine Levels and Methionine

Elevated or depressed histamine has been associated with ADHD, OCD, ODD, anxiety and depression. An amino acid called methionine is required by the body to methylate histamine and deactivate it so methionine supplementation along with co-factors B6, calcium, magnesium is beneficial for the high levels of histamines that produce a cycle of under-methylation. Elevated histamine may also cause allergies, exzema and asthma.

*Healing The New Childhood Epidemics by Dr. K. Bock

<table>
<thead>
<tr>
<th>Amino Acid/ Symptom Co-Factor</th>
<th>Food Source</th>
<th>Neurotransmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyrosine, B6</td>
<td>Cheese, chicken, veal, yogurt</td>
<td>Dopamine, Noradrenaline</td>
</tr>
<tr>
<td>Phenylalanine, B6</td>
<td>Almonds, beef, chicken, eggs, peanuts</td>
<td>Dopamine, Noradrenaline</td>
</tr>
<tr>
<td>Tryptophan, B6, Vit C</td>
<td>Milk, cottage cheese, turkey. (Uptake better when combined with carbohydrates)</td>
<td>Serotonin</td>
</tr>
</tbody>
</table>

Symptoms of Neurotransmitter Imbalances

- **Serotonin:** Sleeplessness, depression, difficulties dreaming, storing long term memories and regulating temperature
- **Noradrenaline:** Listlessness, lack of energy, stress related anxiety/depression,
- **Dopamine:** Attention disorders lack of motivation, movement related problems (ie Parkinson’s disease),
4. Toxicity

1 in 6 Australian children now have a learning, behavioural or immune disorder. Research indicates that a significant causative factor in this “epidemic” may be their early life exposure to toxic metals and chemicals.

There are 3 factors driving this connection.

1. **Exponential increase in chemicals and toxic metals** since the 1940s that bio-accumulate in the environment, in the food chain and in human beings. Children today are being born with body levels of these substances that their grandparents took decades of life to reach.

2. **Sensitivity of Developing brains** in children make them much more vulnerable to these substances. There are over 80,000 unregulated chemicals worldwide and the ones which are regulated are kept at levels to prevent poisoning but can still damage developing brains.

3. **Genetic Variations** in some children can cause a much higher vulnerability to these metals and chemicals through both an inability to prevent absorption of them into the body and a reduced ability to excrete them out of the body.

**Problem Metals**

**Lead**, a neurotoxin, is passed on from mother to child, is in the environment and home from years of leaded petrol and leaded house paints. No safe lower limit has been found for developing brains. Exposure can retard and impair mental and physical development.

**Mercury** levels are steadily rising from industrial activity. Main sources include dental amalgams, fish, coal burning, and until recently the preservative used in childhood vaccines (thimerasol). Thimerosal contains 50% mercury and was used in MMR vaccinations in Australia until recently. Unsafe levels of mercury can cause speech and learning difficulties, poor concentration and can lead to autistic behaviour. The flu shot still contains mercury.

**Inorganic Arsenic** which comes mainly from certain fertilisers, chicken feed, and treated pine timbers often used in play equipment is also unsafe for children.

**Chemicals**

There is significant concern about the recognised adverse developmental neurotoxicity of many of the pesticides, PCB’s, toluene and solvents found in our homes, work places and food chains. Thousands of chemicals in use today are not tested for safety in children.

Recent USA studies on babies’ Cord blood found that most of the toxic chemicals tested for in the study were present in these new born babies, something that could not happen even two generations ago.

**TREATMENT**

- Avoidance of exposure to chemicals and metals where possible
- Use of chemical-free foods.
- Support the body’s natural ability to detoxify through diet and supplements.
- Work with a health professional to support specific systems such as Metallothioneins and Glutathione.
- There is a long list of natural agents that can be used to improve or provoke detoxification.
- In special circumstances, doctors with appropriate training can use medically prescribed chelating agents to aid in toxic metal excretion.
- Optimising liver function is important as it is the primary organ of detoxification. Diet, supplements and herbal medicines support this.
5. Neuro Development

Children with Autism Spectrum Disorder (ASD), Attention Deficit (Hyperactivity) Disorder (ADHD), learning and language delays and impairment, visual processing and motor delays, socialisation and emotional problems commonly have neuro development issues.

Research has shown that, when there is neuro developmental delay and neurological damage, neuro genesis (ie forming of new brain and nerve cells) can still take place. The basis for this new neuro development and neuro genesis is stimulation which can be applied at any age.

A range of therapies can give specific stimulation to address the above issues. It is important for a trained practitioner to identify individual deficits and recommend the appropriate treatments/stimulation.

1. **Auditory Processing Delays** are associated with Language Delay & Impairment, Learning Delay, ADHD, ASD, Glue Ear, Ear Infections (otitis media), Allergies & Intolerances.

**Management of Auditory Processing Delays**
Check Hearing
Check auditory processing (Scan B test)
Stimulate/improve AP through therapies such as; Sound Therapies, Fast Forward, Computer Programs, Speech Therapy for specific delays

2. **Visual Processing Delays** are associated with Learning delays, Visual symptoms, ADHD, ASD, Motor delays

**Management of Visual Processing Delays**
- Check vision - lenses as indicated
- Check for & treat Motor Delays
- Visual exercises / computer programs
- Sound Therapy
- Check for & treat Scotopic Sensitivity Irlen Syndrome (SSIS)

3. **Motor Delays** are associated with Gross & Fine Motor delays, poor Coordination, poor balance, Integration across midline delay, Learning delays, Visual delays, ADHD, ASD.

**Management of Motor Delays**
a. Motor programs (especially INPP exercises and Sensory Integration Occupational Therapy in the following order). *
   - Midline integration
   - Primitive Reflexes integration
   - Balance problems

Sound therapy
Visual Processing Delays (check for and treat)
Auditory Processing Delays (check for and treat)
5. Neuro Development cont.

4. **Hypersensitivity** to touch, smell, taste, light and/or sound is commonly associated with neurodevelopmental delay.

**Management of Hypersensitivity**

Treating the underlying metabolic, biochemical, gut and immunological problems will usually significantly improve, or even completely eliminate, these hypersensitivities.

If they continue to be a problem, they can be helped by:

- Treating poorly integrated Primitive Reflexes (especially the Moro)
- Sound Therapy - auditory
- Irlen lenses - SSIS
- Sensory Integration Occupational Therapy
- Deep massage and Brushing programs/ touch (be aware, however, that these can cause significant deterioration)

- **(Bio) Neuro Feedback**: Research has shown that (Bio) Neuro Feedback can be beneficial for children with the above problems. This is especially so for those with ADHD, anxiety, depression and other emotional/behavioural issues. It also can be useful in ASD & learning delays.

Kinesiology, Osteopathic & Chiropractic and Physiotherapy treatments can be helpful before starting & during exercise programs.
5. Behavioural Therapies

In the case of autism and neuro-developmental delay, behavioural therapies can help develop neuronal pathways that support communication and socialisation.

ABA (Applied Behavioural Analysis) uses positive reinforcement to teach social and behavioural skills to individuals with Autism. There are several groups in Australia practicing ABA including CARD, Lizard, Learning To Learn and Wisconsin Intervention Project.

Floortime is a spontaneous, play-based therapy that taps into a child’s favorite activities to help develop language, socialisation and motor skills. This is designed for a range of children with neurodevelopmental issues including ASD, ADHD, and sensory processing disorder.
http://www.icdl.com/staging/

RDI uses games and exercises to teach kids with socialisation issues to relate better to people.
http://www.rdiconnect.com

• Sunrise offers individuals with Autism educational techniques for designing and implementing a one-on-one, home-based program.
  • http://www.autismtreatmentcenter.org/

5. Therapies-Other

Other
Other behaviour-based programs for Autism include; Aspect, The Hanen Programs, PECS, Connect Therapy. There are numerous private schools for Autism in Australia including Aspect schools, Giant Steps and the Woodbury School.

Speech & Language therapy helps with articulation, modulation, intonation, expressive language as well as recognising facial expressions and body language.
5. Allied Therapies

An integrative approach includes allied therapies that support the body's natural ability to heal and address the whole body, not just symptoms.

**Nutrition** assess and analyse individual needs and develop personalised nutrition plans using nutrient therapy, dietary and lifestyle approaches.

**Naturopathy** treats the patient's mental, emotional and physical state, by supporting the body to repair itself with nutrients, diet, and a range of natural therapies.

**Chiropractic Treatment** assumes that the body is a self-regulating organism and that good health is dependant upon a normally functioning nervous system, especially the spine and nerves extending from the spine to all parts of the body.

**Osteopathy** treats the whole person and places emphasis on the relationships between the body's structure, framework and function appreciating the body's ability to heal itself.

**Homeopathy** recognises that all symptoms of ill health are expressions of disharmony within the whole person and that it is the patient who needs treatment not the disease. Emphasis is placed on supporting natural immunity.

**Acupuncture** uses hair thin needles and/or electrodes to redirect obstructed energy through the meridians, resulting in a positive shift in the energy of organ systems and its overall function, thereby restoring health.

**Kinesiology** uses the muscle feedback system to determine how the nervous system exerts control over organ systems and helps the body to heal itself by normalising its internal functions.

**Craniosacral Therapy** is a hands-on energy healing technique gently mobilising spinal fluid within and around the central nervous system which is believed to create a vital body rhythm.

**BRAIN GYM** is a program of physical activities that develops the brain's neural pathways the way nature does: through movement. This enhance learning, concentration, memory, reading, writing, organizing, listening, physical coordination, and more.

**Other therapies** that can be effective include; Herbal Medicine, Emotional Freedom Technique, Flower Essences, Bowen Technique, Hyperbaric Therapy, Intermittent Hypoxy Therapy.
Glossary

- ADD: Attention Deficit Disorder
- ADHD: Attention Deficit (Hyperactivity) Disorder
- Amino Acids: The building blocks of protein and precursors to important brain neurotransmitters
- Antioxidants: Nutrients that protect against free radical damage including Vitamins A, C, E and Zinc
- Co-Factors: Important nutrients that are required for enzyme reactions in the body
- Enzymes: Proteins in the body that act as catalysts to make chemical reactions
- EFA's: Essential Fatty Acids are critical in brain development and nerve transmission and must be obtained through the diet
- GAPS: Gut and Psychology Syndrome
- IBS: Irritable Bowel Syndrome
- Neurotransmitters: The chemical messengers in the brain governing behaviour, mood, learning & concentration
- ODD: Oppositional Defiant Disorder
- PDD: Pervasive Development Disorder
- Pyrrole Disorder: An inborn error of pyrrole chemistry causing low levels of zinc & B6.
- Trans Fatty Acids: Processed fatty acids that lose their nutritional status and impede the use of good dietary fatty acids in the brain.

“Evolutionary changes to get rid of toxins happen at glacial pace. Human Changes to increase our toxic burden have happened at mach speed.”

-Dr. Elizabeth Mumper, Defeat Autism Now! USA, Mindd Advisory Board
Resources

**Autism Spectrum Disorder**
*Autism; Effective Biomedical Treatments*, Dr. Baker & J. Pangborn
*Children With Starving Brains*, Dr. J. McCandless
*Changing The Course of Autism*, Dr. B. Jepson
*Nourishing Hope*, Julie Matthews
*Say Goodbye to Allergy-related Autism*, Dr. Nambudripad

www.defeatautismnow.com
www.autism.com
www.generationrescue.com
www.kirkmanlabs.com
www.danwebcast.com
www.safeminds.org
www.biomedicalautism.com.au

**ADHD, Allergies Asthma, Learning Delay**
*Healing the New Childhood Epidemics*, Dr. Kenneth Bock
*Gut And Psychology Syndrome*, Dr. N. Campbell-McBride
*Getting Rid of Ritalin*, R. Hill & E. Castro
*Raising A Thinking Child*, Myrna Shure
*Say Goodbye to ADD & ADHD*, Dr. Nambudripad

www.adhd.com.au
www.devdelay.org
www.learningdiscoveries.org
www.movetolearn.com.au

**Diet & Nutrition**
*Nourishing Traditions*, Sally Fallon
*Breaking The Vicious Cycle*, Elaine Gotschall
*Nutrition For The Brain*, Dr Charles Krebs

www.agmfoods.com
www.foodandmood.org
www.breakingtheviciouscycle.info
www.healingcrow.com
www.mentalhealth.org.uk
www.westonaprice.org

**Digestive Health**
*Gut And Psychology Syndrome* Dr. N. Campbell-McBride
www.bioscreenmedical.com

**Healthy Home**
*Green This!* Deirdre Imus
www.chemicalstoavoid.com
www.cehca.org

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