

SUPPLEMENTS



R.O.A.R

ROADMAP TO ATTENTION AND REGULATION

Module 2

Supplements may be essential if your child is a picky eater. They DO NOT take the place of food, but can be a great stop-gap measure to address deficiency and go from **deficiency to sufficiency**.

While you work on the GBOMBS framework, I recommend discussing the following supplements with your Primary Care Practitioner (PCP) and getting started.

The protocol of introducing supplements is always ONE SUPPLEMENT every week - starting with a low dose and titrating up to recommended dose.

If your child does not swallow capsules, there are many dissolvable rather tasty micronutrient formulas.

Let us first review some common nutrient deficiencies in kids that have symptoms of low attention, hyperactivity and impulsivity.

Nutrient	When to consider	Note
MAGNESIUM	Sleep issues, Constipation, Restless Leg, Headaches, Fatigue, Pain, Poor Digestion, Depression, Asthma, Nervousness, Excitability, Hyperactivity, Irritability	Over 50% of the population is Magnesium deficient, so supplementation is a good idea [Your Epsom Salt Baths are already working towards them]

		<p>As a supplement, consider 200 mg of Magnesium a day as Threonate or Glycinate.</p> <p>Magnesium Citrate can help with constipation.</p> <p>All forms work well with B6.</p>
ZINC	<p>Growth Issues, Picky Eating, lack of smell or taste, digestive issues, focus, attention, hyperactivity, impulsivity, aggressiveness [high Copper, low Zinc symptoms]</p>	<p>Take as part of a multivitamin - upto 8 mg if your child is younger than 13.</p> <p><u>RDA for Zinc</u></p>
IRON	<p>Fatigue, Hair fall, low attention, poor digestion, low stress resilience,</p>	<p>Best form is Iron Bisglycinate, but do not supplement without checking blood levels first.</p>

		I like liquid Iron Supplements like Floravital that are easily absorbed.
B-VITAMINS	Fatigue, Digestive Issues, Vision, Migraines, Many Chemical or Food Sensitivities, Brain Fog, Depression, Anxiety, Allergies, Oxalate Issues, Mood Issues, etc.	B6, Methylated B12 (methyl cobalamin) and Folate (not folic acid) are key nutrients.
VITAMIN D	Growth issues, frequent infections, muscle/bone pain, Cavities, Hair Loss, Oxalate Issues.	Supplement 1000-2000 IU daily but make sure to test 2 months after supplementing. If living with minimal sun exposure, 2000-3000IU may be needed
OMEGA 3 FATTY ACIDS	Focus, Attention, Learning Issues, Dry Skin, Depression, Dandruff, Hair loss, Anxiety, Migraines	1000-2000 mg of EPA and DHA may support ADHD symptoms

PROBIOTICS	Infections, Digestive Issues, IBS, IBD.	Lactobacillus Rhamnosus, Bifidobacterium Longum,
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It is safe to say that most kids will benefit from a:

- Magnesium** (in glycinate or threonate form) 200 mg suggested dose
- Multivitamin containing methylated B-vitamins, and other essential vitamins and minerals [Zn, Folate, B6, at the minimum].
- Vitamin D [1000 - 2000 IU, test once in 3-6 months while supplementing]**
- Omega 3 Fatty Acids [1-2g including both EPA and DHA]**
- Probiotics** [I like spore based probiotics, but research shows Lactobacillus Rhamnosus GG -brand name Culturelle -has had some ADHD protective effects]
- Iron (if indicated by blood tests - check dose with doctor, aim for liquid iron supplements like Floravital)

Other supplements indicated by research to help ADHD are:

- Pine Bark Extract: 20 - 50 mg/ day
- Ginkgo Biloba
- Ginseng
- Acetyl-L-Carnitine
- EGCG
- Curcumin
- Choline
- Phosphatidyl Serine

****The nutrients in bold are ones I consider non-negotiables.***

Note: Multivitamins do not usually contain Iron, so make sure to check for Iron deficiency before you supplement.

MY FAVORITE BRANDS:

- Pure Encapsulations [Formulations to try - Curcumasorb, Dopaplus]
- Thorne
- Designs by Health
- Biotics Research

Homework: Check with your doctor about these supplements, especially if your child is on medication, and work on introducing these supplements - start with 25% of the dose and slowly increase up to full dose.

- Have you checked with your doctor whether these supplements are OK for your child?
- Schedule an Iron Panel (blood draw) and Vitamin D test.
- Create a schedule for introducing supplements - don't do more than 1 or 2 per week
- Start with a low dose - $\frac{1}{4}$ of the recommended dose and build up.
- STOP IF THERE ARE ANY ADVERSE REACTIONS INCLUDING INCREASE IN HYPERACTIVITY
- Track response.



Disclaimer: This information is for educational purposes only. Though most of these supplements are safe, please check with your doctor before proceeding.

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