



A.D.D.

Attention Deficient Disorder or A Deficient Diet?

Dr. Donna F. Smith

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**"Does your little Johnny (or Mary) remind you of the Energizer Bunny?
He keeps going and going and going!"**

- Does he throw violent temper tantrums,
- Have a short attention span,
- Show an inability to sit still,
- Have a hostile attitude,
- Display inappropriate impulsive behavior?

**Maybe Johnny Is Just Being A Kid
Testing The Limits Of Authority • Having a Bad Day!**

Or

Maybe he's suffering from what is today referred to as **Attention Deficient Disorder (ADD)**

Or Just Maybe

Unknown Medical Causes Are Well-Known Clinical Nutrition Causes



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ADD OR ADHD?

In 4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) published in 1994, ADD was changed to “Attention Deficient Hyperactive Disorder” (ADHD). This article is titled, A.D.D., along with references to this acronym in its contents because the general public still refers to this as ADD.

At the time this article was first written (11/1998), ADD affected three percent (3%) of the children in America and ADD was not limited to children, as adults can have ADD, too.

SYMPTOMS OF ADD

Research symptoms of ADD or ADHD and you will find many, so here are some of the most frequently reported:

- Does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Has trouble keeping attention on tasks or play activities.
- Does not seem to listen when spoken to directly.
- Does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Poor organization skills
- Avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period (such as schoolwork or homework).
- Loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
- Easily distracted.
- Forgetful in daily activities.
- Mixes up peoples' names or forget them for short periods of time.
- Inability to sit still.
- Some have difficulty writing and speaking
- Temper tantrums
- Violent behavior – physically and verbally



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Mothers of Hyperactive Children Have Reported Their Child...

- was restless even in the womb,
- eats and sleeps poorly,
- resists cuddling
- never seems to run out of energy
- often impatient, irritable and easily upset. More boys than girls show these symptoms.
- was destructive at the onset of having the ability to touch, climb, and walk.

LEGALIZED DRUG ADDICTION FOR CHILDREN & TEENS

Such children can be so upsetting to parents and teachers that many are willing to resort to drugs to calm their children/students down. Though understandable when trying to deal with a child with the above, drugs are not the answer and can in time actually cause brain damage in the child.

Ritalin was the first drug and is still the most commonly prescribed for ADD. By 1998, 25 percent of the children were on Ritalin in some schools and in some states teachers have been lobbying for the right to put school children on Ritalin without consulting parents. Ritalin, in fact all drugs today for ADD, is controversial and, some parents who gave their children Ritalin without being initially physician-informed of all of its side effects are now filing complaints and in law suits of gross abuse.

First approved by the FDA in 1955, Ritalin (methylphenidate) had become widely used for behavioral control by the mid-1960s. It is produced by the Swiss pharmaceutical company, Novartis. According to the Drug Enforcement Administration, or DEA, the United States buys and uses 90 percent of the world's Ritalin. A U.N. agency known as the International Narcotics Control Board, or INCB, reported in 1995 that "10 to 12 percent of all boys between the ages of 6 and 14 in the U.S. have been diagnosed as having ADD [attention-deficit disorder, now referred to as ADHD] and are being treated with methylphenidate."**

So Ritalin may make things easier for
parents and teachers, but
what is it doing to the children?



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“Doping Kids with Ritalin for ADHD”

Though shocked by bizarre shootings in schools, few Americans have noticed how many shooters were among the 8 million kids now on psychotropic drugs.

INSIGHT Magazine
June 28,1999, Kelly Patricia O'Meara**

Ritalin is a powerfully addictive drug and dangerously affecting the mental and physical health of today's children, our future adults. Of the many side effects, here are just a few that will cause us to have a very sick adult population in America in the near future.

- insomnia,
- lost appetite
- difficulty in managing normal weight
- stunted growth.

Reports that Ritalin simply turns children into zombies, is not uncommon. As Dr. Ray Wunderlich, a pediatrician from St. Petersburg, Florida, put it, '...a piece of wood with no emotions. Our adult clients, who were on Ritalin as a child, have verified this, too. One client reported that she can remember sitting in a school room, watching classmates playing outside for Recess and wanting to go out and play too, but she could not get her body to rise from the chair.

Is Ritalin really necessary? NO!

**As you continue to read this article,
you will understand why.**



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ADD - NEW DIAGNOSIS LABEL FOR AN OLD CONDITION

ADD is a new medical term (or label) for an old diagnosis, known as “Hyperactivity.” Physicians and Psychiatrists are now finding it is easier to receive insurance reimbursement for an ADD diagnosis and drug prescription than what was possible for a diagnosis of “Hyperactivity.” There are number of symptoms that have been medically-reabeled for this purpose. Mood Swings are now diagnosed as “Bi-Polar or Manic Depression,” “Heartburn” is now diagnosed as “Acid Reflux?”

Hyperactive children have been around as long as parenthood has, but how to deal with such children is a matter of controversy these days because....

1. Its "symptoms" could describe every child at some time or other. It you took a survey, you would probably find most parents have wondered if their child has ADD, at least once, due to one isolated hyperactive event or even a series of events than may have occurred throughout the years of their childhood development.
2. Because the “true causes” are not often not detectable through medical testing and examination, and those that are, are not recognized as being related to ADD. So physicians are still relatively in the dark as to the causes. Therefore, because...
 - a. Public Health Education is still medically-driven, this also means the adults with ADD and parents of ADD children are not been properly educated in the causes and therapy that will help them. This article will provide this education.
 - b. Drugs will not cure the causes of ADD and combined with a lack of public education as explained above,
 - i. The causes are not being addressed.
 - ii. Therefore, those diagnosed with ADD are getting worse.
 - iii. And more people are being adversely affected by these causes so more people are presenting the symptoms of ADD, which is evident by the annual increase in the number of children and adults being diagnosed with ADD.
 - iv. Drug Side effects and addiction is just adding more health challenges for parents and children to deal with.



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3. Because the causes adversely affect multiple parts of the brain, the set of symptoms that physicians and psychiatrists used to diagnosis ADD today has changed over the years with Hyperactivity now just one among many.

It is a wonder that ADD is controversial with:

1. Its criteria for diagnosis changing many times.
2. No scientific testing to prove that a patient has ADD.
3. Causes not being recognized as related to ADD so 8 million American children are not receiving the therapy they need to heal and
4. Medical treatment means putting children on drugs that are addicting and cause brain damage.

SO, WHAT IS ADD REALLY?

- A genuine psychological malady?
- Behavior in normal children at some time during their childhood development?
- Or is there something else that you should be considering that can cause both?

First, it is important to know that there is no scientific evidence that supports any psychological diagnosis that does not have a scientifically-proven physical cause. This means that there is no such thing as a “psychological” cause for ADD in itself, but there are “physical” causes that adversely affect brain function.

So prescribing psycho-trophic drugs for any mental symptom will not cure the patient. What it will do is lay the foundation for drug addictions (a dependency on the prescribed drugs) and in time will cause physical (biochemical and biological) brain dysfunctions and diseases, because of this medical treatment.

For information to support the above statement, view the “**Marketing of Madness**” videos on our “Mental Health” web page. Here is a direct link to this web page:

<http://www.advancedclinicalnutrition.co/mentalhealth.html>



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SEVEN PHYSICAL CAUSES FOR MENTAL SYMPTOMS

So what are some of the scientifically-proven “physical” causes that adversely affect brain function and, thereby, produce “mental and “emotional” symptoms, classified as ADD, Depression, Bi-Polar Disorder, etc.?

The lasting improvement in ADD symptoms for both our children and adult clients after correcting the following causes, which were identified through Clinical Nutrition Analysis of Laboratory Reports, has proven that “No, Ritalin is not necessary for the treatment of ADD,” nor any other drug and “Yes” there are scientifically-proven “physical” causes for ADD.

ADD can be narrowed down to only two causes:

Nutrient Deficiencies and Injury (Generally a Head Injury)

SEVEN CAUSES OF ADD

Though we have found one or more of the following in each case of ADD, each one has a direct effect on nutrient levels required for healthy mind and body function, is slowly poisoning the mind and body, which also depletes the body of nutrients, and/or an injury has occurred that blocks nutrients, nerve and blood flow to the brain.

1. **Toxicity** - Reactions to toxic substances, primarily chemicals and metals in our food, water, air and those used in household cleansers and pest control (herbicides/pesticides), gardening, to name a few sources of toxicity.
2. **Drug Side Effects** from any and all drugs – chemical and metals in drugs both poison and deplete the body of nutrients.
3. **A Deficient Diet**, (a clinically-deficient diet lacking in specific nutrients, such as proteins, fats/oils (Essential Fatty Acids), non-refined carbohydrates, vitamins, minerals and water, which are required to nourish the brain so it can healthily function.
 - a. Many children consume incredible amounts of refined white sugar and caffeine, which contribute to blood sugar imbalances and consequent hostile behavior.



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- b. Studies demonstrate that hyperactive children placed on low-sugar diets, low in refined foods become less aggressive than those who continue with high-sugar diets.
4. **Biochemical Imbalances** – Long--term single and/or multiple nutrient deficiencies are now causing biochemical imbalances adversely affecting brain function.
- a. ADD symptoms can occur during any of these stages, whether in the nutrient deficient stage, the biochemical imbalance stage, or the organ/gland dysfunctional (brain dysfunction or disease) stage.
 - b. **Low Blood Sugar.** This is one of the most frequent biochemical imbalances present in patients diagnosed with ADD. Low blood sugar adversely affects brain function. For example, a diet that does not maintain blood sugar balance through the day produces the Dr. Jekyll / Mr. Hyde behavior between 2-4 p.m. due to low brain sugar.
 - i. Teachers have reported behavioral changes in children noticeable within an hour of being dismissed from school, though behavior up to that time of day was normal.
5. **Electro-Magnetic Fields:** Interferences in the bio-electrical system (Brain and Central Nervous System) of the human body due to artificial electrical appliances and machinery (cell phones, televisions, computers, kitchen electrical appliances, etc.). In other words, these electrical currents or frequencies interfere with the electrical frequencies in the human mind and body. In time, this also causes nutrient depletion as well as brain and nervous system dysfunction. This is called “injuries and illnesses from Electro-Magnetic Fields (EMFs). EMFs deplete nutrients from the body (which includes the Brain and Nervous System).
6. **Head Injury (macro- or micro-trauma head-injury):**
- a. **A Macro-Trauma Injury** is like a head concussion or whiplash that is visibly obvious or can be detected by medical testing or chiropractic examination.
 - b. **A Micro-Trauma Injury** is one that is subtle. It can occur without being detected, but over time has an adverse effect on brain function. For example, a hit on the head from falling off the bed, chair, playground equipment or bicycle. The child gets up without an apparent injury, yet one or all three of the following may have occurred:



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- i. **Vertebrae Subluxation** – Parents should instruct their children to inform them anytime they fall and parents should then have their child examined by a Chiropractor to adjust any misaligned (subluxated) vertebra. Subluxated vertebrae (bones in the spine) shift out of position. For example, one vertebra shifts to the left, the vertebra on top of it shifts right and the nerve to the brain (or other organs/glands) gets pinched in between them. Thus brain messages don't get delivered or delivered properly to remember the answer to the Math question or for the hand to write the answer, or don't jump on restaurant chairs, etc.

1. Injuries to other parts of the body, not just the head, can also cause vertebrae subluxations affecting nerves to the brain.

- ii. **Internal Scar Formation** – A Head injury due to a fall or impact may cause a micro-trauma injury of a small bruise, abrasion or a scar develops. If this occurs on an energy meridian to/from the brain, this can block energy, blood, lymph fluid and nutrients from flowing to/from that part of the brain. As you can see nutrient deficiency can results also from this. Clinical Nutrition Therapy also includes treatment to dissolve internal and external scarring.

- c. Clinical Nutrition Therapy is requires to assist in a speedy and full recovery from macro- and micro-trauma injuries.

7. **Neuro-Dis-Integration** –

This can occur from head injury, nutritional deficiencies, stress, and toxicity, resulting in abnormal electrical brain frequencies, such as hyperactive alpha, hypoactive beta or fluctuations in delta waves.

For a simplified example, brain waves can fluctuate between high, normal and low.

- a. When high the child may be hyperactive (unable to sit still, getting into everything),
- b. When normal, the child and parents are having a great functional day, and
- c. When low, the child cannot remember to do something that was done perfectly the day before.



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To correct Neuro-Disintegration requires Neuro-Integration Therapy, also called, Neuro-Biofeedback. You may contract our office for a referral to a practitioner who provides this therapy.

After reading the above list, you may now understand why a mother can feel a restless fetus growing inside of her – she may be transferring toxins, such as excito-toxins, that adversely affect the nervous system, Electro-Magnetic Fields interfere with brain and nervous system function during fetus to infant development, to list just two examples, besides the well-known challenges that occur when pregnant women are malnutrition.

Each of the above causes, require Clinical Nutrition Testing and Therapy, which may also include Chiropractic and/or Neuro-Integration Therapy, for the brain to be restored to its normal function. Now that you understand the causes, you can also understand why Drugs will not cure ADD. ADD drugs will cause addiction and continued use will destroy brain cells and tissue, thus resulting in brain damage.

TESTING AND THERAPY FOR ADD (SAFE AND EFFECTIVE)

Advanced Clinical Nutrition provides testing and therapy for all of the above, except for chiropractic examinations and adjustments for subluxated vertebrae and neuro-integration therapy. However, it is important to know that if the patient is deficient in the nutrients that hold the vertebrae in place, no amount of chiropractic adjustments will correct the subluxation. Therefore, it is important to contact our office for the specific therapeutic whole food supplements to take at least three weeks prior, during and for six weeks after chiropractic treatment, whether seeking this for ADD or any other reason.

It is also important to know that except for Head Macro-Trauma Injury, such as a head concussion, physicians have not been trained on the above in relationships to ADD and, therefore, they will not be detected through medical examination or testing, even if, for example, blood sugar levels are medically low.

Let's look at Blood Sugar Imbalance more closely, so you can understand why:



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A Clinical Nutrition Analysis or interpretation of laboratory tests is quite different than a “medical” interpretation. For example, if the child (or adult) has a Glucose blood test value that falls within the medical reference ranges in the right column of a Lab Report, a physician would diagnose normal Glucose (blood sugar) level.

- If Glucose (or any test value) is “medically” high, the physician may diagnose “Hyperglycemia or Diabetes,” though hopefully only after confirming these through other tests for Diabetes., and
- If Glucose was “medically” low, the physician may diagnose “Hypoglycemia.”
- When the test value is within medical reference ranges, the physician diagnoses normal Glucose, which means the patient is not suffering with either of the above medical conditions.

However, this still does not mean they have a “healthy” Glucose level. Medical reference ranges indicate the very lowest or highest a test value can become before its nutrient-related disease stage has developed or the value is at a level that is potentially life-threatening.

However, though Glucose may be “medically” normal, a Clinical Nutrition Analysis of the same Laboratory Report, which is interpreting ranges for **Homeostasis**, may indicate that it is not “nutritionally” normal. Homeostasis is when the Glucose is in perfect biochemical balance for the healthy function of the human body.

Symptoms of ADD are the same whether the Glucose test value is “nutritionally” low, when compared to clinical nutrition ranges for Homeostasis, or “medically” low, compared to the medical reference range on the Lab Report. Though, in some cases, symptoms are most severe and chronic when the Glucose value is outside the medical range, but this is not always the case.

This is why a parent can take their child to their physician office for testing (or any adult seeking answers for their own symptoms) and still receive no answers for the cause of their symptoms when all tests come back normal. So though a physician may observe that the patient’s Glucose is medically low, its relationship to ADD/ADHD is overlooked in a physician’s interpretation of blood testing.

Christopher’s mother suspected that her 9-year-old son's diet may be contributing to his behavioral changes. Christopher exhibited normal behavior throughout the day until around 2:30 p.m. when he would become restless, lacked mental focus and become disruptive to the class by throwing erasers at the children and teacher. His Glucose level was normal according



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to medical interpretation. However, a Clinical Nutrition Analysis revealed his Glucose level was below normal for Homeostasis. Through change in diet, frequency of food intake and therapeutic whole food supplementation, his Glucose level was restored to homeostasis and his symptoms abated.

NUTRITION TESTING FINDS CAUSES NOT IN MEDICAL TESTING

It is important to know that even though the above example is provided to demonstrate the difference in a medical and nutritional interpretation of laboratory tests, the above applies to all tests for all symptoms; whether a patient is seeking answers for the cause of a headache, constipation, a pain in their knee or hip, dizziness, mental disorder, stomach pain, heart palpitation, urinary tract irritation, etc.

Whenever, your physician cannot find any medical answers for your symptoms, this just means the nutritional deficiencies, adverse effects from toxicity, or micro-trauma injury has not progressed to the stage that it can be detected through medical interpretation of lab or other tests and medical examinations. This applies also to other micro-trauma injury, such as a fall on the knee or hip that in time results in a knee or hip replacement surgery because the patient was unaware of the adverse effects over time from a micro-trauma knee or hip injury.

Obtaining a medical diagnosis is always important because it will provide the feedback you need to answer this question: Has my nutritional deficiencies, adverse effects of toxicity or any possible micro-trauma injury progressed to the most severe stage where it can be seen on medical tests or not?

Whether the answer is Yes Or No, ask for a copy of all your medical reports and send them to our office or contact us first and we will provide the testing you need and refer you to your physician if you also need their medical testing.

Even if the answer is yes, don't be so quick to fill a prescription to suppress your symptoms or your child's symptoms. Remember the list of causes above – Was "drug deficiency" listed as a Cause?

If you are considering prescribed drug treatment, we highly recommend that you first:

- ask your physician to give you scientific proof that you have ADD or whatever the diagnosis – ask to see the blood test, x-ray or whatever the physician has performed to obtain your diagnosis.



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- In relationship to ADD, there will not be a medical test to prove that you or your child has ADD and if you do not have any scientific proof, why would you even consider taking a drug? Or giving it to your child?
- Why is your physician prescribing a drug to you without having a medical test that proves you need that drug?

When physicians do not find the answer in examinations and tests from their medical interpretation, they generally come to one of two conclusions.

1. The patient is depressed or has some mental dysfunction.
2. The patient is a hypochondriac

In either case, it seems logical to the physician, who believes that the cause must be “in their head” because nothing was physically wrong with the patient according to their medical interpretations of exams and tests. Thus, the child or adult leaves the physician’s office with a prescription for Ritalin. If presenting with other symptoms not related to ADD, a prescription for some anti-depressant drug such as Prozac or Zoloft is dispensed.

Though a Clinical Nutrition Analysis or interpretation of the Blood Chemistry Lab Report, Tissue Mineral Analysis of Hair, Saliva Hormone Tests, to name a few, we have found the missing information from the medical interpretation that identify the causes of ADD.

ADD MISDIAGNOSES

In the above chapter on the physical causes for mental symptoms, seven causes for ADD were presented. Physicians and Psychiatrists are diagnosing ADD, based upon a set of symptoms without supporting their diagnosis with scientific testing proving the cause(s) of the patients’ symptoms. Furthermore, to prescribe the appropriate drug treatment requires that the cause must first be identified.

Therefore, both diagnosis of ADD and drug treatment are open to misdiagnosis.

For example, in this study it appears that some of the qualities in children diagnosed with ADD that teachers and parents find exasperating may actually turn out to serve the children well as adults--such as:

- Individualism,
- The ability to be a self-starter
- Dislike of close supervision.



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“A study by a group of New York psychiatrists reported that 84 percent of kids diagnosed as having ADD had no more problems than the control group; and most grew out of their hyperactivity. Furthermore, 20 percent of these children grew up to be self-employed, while only five (5) percent in the control group did.” ***

***This study was reported in the “Sunshine Connection”, Vol. 18, No. 8, Page 11, Karen Edmonds (~1998)

In this study, it also appears that 84% of these ADD-diagnosed children were misdiagnosed, leaving only 16% with an accurate diagnosis of ADD? Does this suggest to you the possibility that other studies may also prove that a high percentage of other children with the diagnosis of ADD have been misdiagnosed?

At **Advanced Clinical Nutrition**, clinical observations of the symptoms for our medically-diagnosed ADD abated within weeks after...

1. Changing a child's diet to whole foods based on a Clinical Nutrition Dietary Analysis of their Laboratory Tests. Foods were selected based on their food chemistry as it correlated to the findings of their Lab Reports.
2. Reduction or elimination of refined and processed foods, such as white or brown sugar, white bread and pasta and
3. Providing the specific whole food therapeutic supplements to restore abnormal nutrient levels identified on a Clinical Nutrition Analysis of their Laboratory Reports. .

CONCLUSION

It is a scientific fact that a physician's or psychiatrist's diagnosis for ADD is based upon the patient's symptoms alone as there is no scientific psychological testing for ADD in itself, though there is scientific testing that prove physical causes produce the psychological symptoms of ADD. You now know seven causes for the symptoms of ADD, which are often undetected through medical testing and examination primarily because a medical interpretation of laboratory and other medical testing does not identify most of these causes, and those that can be identified, physicians do not associate these causes with the symptoms of ADD.

Ritalin and other ADD drugs will never cure ADD. They will however cause drug addiction and damage to brain cells and tissue, thus in time cause brain damage, which is worse than the symptoms of ADD.

This article established that all seven causes of ADD can be safely and effectively corrected through three different non-medical therapies:



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1. Clinical Nutrition Therapy
2. Chiropractics
3. Neuro-Integration Therapy, also called, Neuro-BioFeedback. Because Neuro-Disintegration has both biochemical and bioelectrical causes associated with the symptoms of ADD, a Clinical Nutrition Evaluation will be able to determine when/if Neuro-Integration testing is also required and if so, we will be glad to provide a trusted referral for this therapy.

Of the three therapies, Clinical Nutrition Therapy is required to assure the successful correction of all seven causes. In other words, Clinical Nutrition Therapy will be needed to:

1. Correct four causes that occur due to nutritional deficiencies.
2. Correct the adverse nutritional effects from two of the causes.
3. To assure successful results from the other therapies

All of our clients experience improvement within 3-6 weeks or sooner after starting clinical nutrition therapy based on test findings. Also, because diet and nutrition is foundational to healing and growing new healthy cells and tissue, clinical nutrition is required to assist in a speedy and complete recovering from injuries, and clinical nutritional deficiencies and toxicity are the two primary causes for all symptoms and diseases to restore nutrient balance and detoxify toxic substances from the mind and body, we invite you to contact us at the number below so you or your child may also experience improvement in 3-6 weeks, just like all other clients before you.

CONTACT INFORMATION

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ABOUT DR. SMITH

Dr. Donna Smith has a Ph.D. in Clinical Nutrition, is a Naturopathic Doctor (N.D.), a Board Certified Clinical Nutritionist (C.C.N.), Certified Dietitian-Nutritionist (C.D.N.), and a Canadian Chartered Herbalist (C.H.).

Dr. Smith is also a Free Lance Nutritional Health Writer and has written over 100 articles for Internet and traditional magazines, such as the **American Chiropractic Magazine, the largest chiropractic magazine in the United States.** Some of her bestselling e-books have been listed below and are available for purchase on her website..

Dr. Smith is frequently invited to speak on NBC and ABC local networks, and at clubs, hospitals, universities and corporations on a variety of nutrition and health-related topics, such as, the national groups of scientists and biochemists at the **American Society of Clinical Laboratory Science (ASCLS), International and American Associations of Clinical Nutritionists (IAACN), Stephen F. Austin University, Midwestern State University,** Optimist Clubs, Toastmasters, Business and Professional Women's Club, Women Entrepreneurs, Worksite Wellness, American Heart Association, Parkinson's Group, and St Gobain Corporation, to name a few.

Dr. Smith owns **Advanced Clinical Nutrition (est. 1981)** in Wichita Falls, Texas, where she provides a **Clinical Nutrition Analysis or Interpretation of Laboratory Tests (blood, urine, saliva, stool and hair)** to identify and correct dietary, vitamin and mineral deficiencies adversely affecting the healthy function of the human mind and body.

From the findings of these scientific Laboratory Reports, Dr. Smith designs and dispenses:

- Therapeutic, whole food supplements, available only through nutritional health care providers, and
- a Therapeutic Dietary Plan. Foods in each plan are selected for their food chemistry, i.e., their effect on the individual's biochemistry as identified through their own laboratory testing. .

Dr. Smith's Clinical Nutrition Services are also provided to **Healthcare and Fitness Providers**, who want to offer clinical nutrition services to their patients/clients, yet do not have the time or training to do so.

Clinical Nutrition Testing, Therapy, and Personalized Dietary and Lifestyle Education Services are provided by mail, e-mail and telephone consultations. A.C.N. clients save money as there are no in-office appointment fees, gas expense to/from appointments or time away from home or work for nutritional services. Lab Kits are mailed to the clients' homes, where they collect the samples and mails them directly to our Labs.



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Dr. Smith has over 90% success in helping her clients improve their health, increase energy, balance hormones, improve mental function, strengthen joints, muscle, immune system, restore over-all organ/gland function (including the hair system to restore its natural color), manage weight, prevent/reverse disease and enhance life and/or sports performance. Her clientele encompasses 36 U.S. States and six international countries.

For more information, to order a Clinical Nutrition Analysis and Laboratory Tests, and **to contact** Dr. Smith, call (940) 761-4045 or e-mail at Services@AdvancedClinicalNutrition.com. You may also call this number to schedule your FREE Inquiry Telephone Consultation with Dr. Smith. To save time at this consultation, please complete the Inquiry Questionnaire on her website.

Meanwhile, please feel free to browse www.AdvancedClinicalNutrition.com, subscribe to Dr. Smith's FREE Newsletter and increase your education through reading Free Articles by Dr. Smith. You may also view Dr. Smith's TV Shows and videos on YouTube.com/DrDonnaFSmith, post questions on her blog at DrDonnaSmith.blogspot.com and follow her on Twitter.com/DrDonnaSmith and Facebook.com/DonnaFSmithPhD.

E-BOOKS BY DR. SMITH

Below is a list of a few e-Books by Dr. Smith. Go to our website for a complete list of Dr. Smith's e-Books .and you may order online or by phone at (940) 761-4045.

- Anti-Aging Personal Care Program (Hair, Skin, and Nails) – Over 250 pages
- Dental Health Program – The Dangers of Traditional Dentistry and an Introduction to Holistic Dentistry (169 pages – articles, charts, forms and therapeutic supplement information for acute symptoms (toothaches), chronic dental health challenges (abscesses, gum disease) and dental health (how to internally repair and strengthen teeth and gums).
- False Assumptions People Make About Nutrition and Nutritional Supplements (Over 30 pages)
- Fibromyalgia – A Clinical Nutrition Syndrome” (68 Pages).
- Dr. Smith's Hair Restoration Program – Anti-Grey Solutions (59 Pages).



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- Health Chest - How To Update Your Medicine Chest To a Health Chest (Over 250 pages)
- Lyme's Disease – Clinical Nutrition Approach To Healing (32 Pages).

DISCLAIMER

Information is provided for nutritional education purposes only and not for the diagnosis or treatment of any medical condition, disorder or disease. Present laws indicate that the author must advise you to seek medical attention for your disease, if you have one. Choosing to do so, or not, is your constitutional right and you are ultimately the only person who is responsible for any decisions, risks or actions you take regarding the care of your mind and body. This author's intention is to provide health care education from a nutritional biochemical perspective so you are equipped to make an informed decision.