

Breakthrough for Dyslexia and Learning Disabilities

One of the most frustrating, and in many cases, debilitating conditions (both emotionally and socially) that has plagued mankind, is a condition known as dyslexia. Dyslexia is the best known terminology for a group of conditions dealing with the inability to properly process language, be it written, spoken or symbolic (e.g. numbers). It does not manifest itself solely in the academic world of school, as some think, but involves every part of our existence. Just consider the following possibilities:

- Difficulty with reading, writing and mathematics
- Difficulty in understanding words in normal conversation
- Inability to relate to people in groups or to understand the conversation
- Poor or non-existent sense of direction
- Little or no concept of time
- Inability to concentrate, even when involved in a particular activity, such as a game
- Disequilibrium (balance dysfunction)
- Poor motor coordination
- Constantly bumping into things or dropping things
- Stuttering, hesitant speech, poor word recall
- Inability to remember names
- Sharp emotional or mood swings
- Need to reread the same word or phrase to get any meaning out of it
- Difficulty in following sequential instructions or events
- Difficulty in following motion or moving things (balls, people, traffic)
- Various phobias including height and motion-related (escalators, elevators, bridges, etc.)
- Gets lost easily or all the time
- Unable to, or unsure of, making decisions
- Feelings of inferiority, stupidity, clumsiness
- Inability to organize daily activities, particularly in allotting proper time
- Doing opposite of what was told
- Gets drowsy or tends to fall asleep while driving on a highway or open road
- And many, many more

This is a multifaceted condition, which escapes detection many times because of its diverse symptomatology. Unfortunately, until recently, dyslexia was not recognized as a specific problem, but was labeled minimal brain damage, psychosis of one sort or another, inferior mentality, dumb, lazy, inattentive, etc. Some ideas die slowly. The concept that the various problems found in our school systems and society in general, are indeed dyslexia in origin, has been ignored in many educational, law enforcement and other circles. Parents were told by pediatricians and educators alike that nothing was wrong, that, "He'll grow out of it," or, "He's just immature," or, "He's not trying hard enough," or, "He's not paying attention." Parents were confused, teachers were frustrated and the child was tormented by failure, isolation and the knowledge of being different. Nowhere was any help available.

Eye-tracking problems were recognized and eye exercises, and/or special lenses were tried. Equilibrium faults were recognized and various drugs were used to suppress these symptoms of hyperactivity and attention deficits. Coordination faults were noticed and special exercises were devised. Allergies were finally recognized as contributing factors and modified diets have been prescribed. Special educational protocols have been instituted, and in most cases, with very limited success. Any gain was considered a major breakthrough and was hailed as a "cure". For some it seemed to be, but nothing to date has been of any meaningful or lasting benefit. As soon as the special activity or drug was stopped, the symptoms returned with a vengeance. The child or adult always had to modify or overcompensate their life style to accommodate the limits imposed by this disability.

Neurologic Kinesiology – A Neural Organization Technique

Applied Kinesiology, a specialty within chiropractic, discovered, researched and developed by Dr. George Goodheart, D.C., et al. since 1964, deals specifically with the integration of the nervous system and the body functions. It is ideally suited to give the best answer to this perplexing problem. Our researchers have taken a giant step beyond the medical and other professionals involved in this and other conditions (scoliosis, T.M.J., etc.).

In 1982, Dr. Carl A. Ferreri, D.C., in researching the Applied Kinesiology concepts in relation to the survival mechanisms of the human species, recognized the relationship between his Neural Organization Techniques and the symptomatology of dyslexia and all learning disabilities. Combining the organizational effects of the centering and righting reflex systems of the cloacal, labyrinthine and ocular reflex mechanisms, the specific cranial faults found in all dyslexics and learning disabled and a unique eye muscle fault found only in dyslexics and the learning disabled, has led to an astounding reversal of all the problems found in the dyslexic and learning disability condition.

Of course, in most cases, a series of treatments is necessary to refine and stabilize corrections. However, no one has to wait a long time to know that changes have been made and normal function is being, or has been, established. The number of treatments varies with the individual patient. It is important to note this procedure is done by hand and no drugs or other foreign substances are ever used.

Outlook and Follow-Up – What to Expect

In most cases, once the corrections are made and stabilized, further treatment is rarely necessary, but there are things that may cause loss in stabilization and return of some symptoms. Any condition which is accompanied by high fever may cause destabilization, as may allergies which were not stabilized. Emotional and physical trauma, particularly head injuries, should always be a reason for a complete re-evaluation. It is also recommended that after the initial treatment protocol has been completed, the patient visit his Chiropractic Kinesiologist every month or two for the first year, to make sure that the condition has remained stable, and that all procedures were completed. Another consideration is that research is ongoing, and since the original protocol was devised, we are continuously updating and refining this procedure for every nuance the patient may present.

Catch-Up – How You Can Help

Once the proper neurological and structural corrections are made, the patient is able to learn what he was not able to learn before. Therefore, 'catch up' is the name of the game. It seems that approximately ten hours of homework (reading, writing, speaking, etc.) are necessary to reprogram the brain for each function.

Because disorganization and easy distraction have been part of their problem, the patient does not know how to study and learn. Structured time for studying and learning must be provided by the parents or set aside by the adult, to learn. There is no radio, TV, eating, going to the bathroom, etc. - just learning time and the family must cooperate. Cross-pattern exercises, either in place or as a march-type activity (right arm/left leg, left arm/right leg), are extremely beneficial, and in the beginning, should be done 20 minutes per day. Because diaphragm control is usually weak, blowing balloons is a good exercise. Buy 100 balloons, blow one up, then again until it breaks. Do one balloon a day for 100 days. With some effort and proper treatment dyslexia and learning disabilities are treatable!