

POSSIBILITIES FOR AUTISM

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NOVEMBER 9, 2014 BY BETH SECOSKY

Dr. Ravenel on MED-FREE Treatments for ADD, Anxiety, Depression and More

I'm thrilled to introduce Dr. Bose Ravenel to my readers. For 33 years, Dr. Ravenel treated children with AD(H)D, anxiety, depression, etc. with medications as most physicians do today. In 2008, he discovered that these and other conditions can often be treated without medication by targeting and eliminating the cause. Not only are his patients relieved of their symptoms, the underlying health issues causing the symptoms are treated without the short-term and long-term side-effects of medications.

Dr. Ravenel will be speaking at the Unitarian Universalist Fellowship of Raleigh on Thursday, November 13th at 7:00. Click **here** to register.

Following is our recent conversation:

Beth: Dr. Ravenel, thank you for taking time to share your story of hope and healing for children who have what has become common conditions in today's world. You spent the majority of your career working as a traditional pediatrician. What led you to change to a more holistic, functional type of medicine?

Dr. Ravenel: I practiced as a traditional pediatrician for 33 years and also for 11 years in academic pediatrics as a clinical associate professor as a faculty member of the UNC School of Medicine Pediatric faculty working at Cone Hospital in Greenboro. I worked with huge numbers of families of children with behavior

problems – especially children with ADD/ADHD — and was used to using medications as a predominant approach.

Then I began to think. It occurred to me that I had practiced long enough and lived long enough personally to notice the shift – an almost exponential increase — of children who were showing up in the office either being requested to have medicine or the school referring or whatever. And these kids were being put on medication chronically for what were predominantly behavioral or emotional problems.

The prevailing medical paradigm said that these problems like ADD and depression were supposedly caused by chemical imbalances in the brain that were largely genetic. In the case of ADD, the literature said that it's 80% genetic. It occurred that it was not even logically possible because going from my classroom of 30 kids, (there were many more kids in the classroom back then) there might have been 1 and no more than that. And now the figures are replete in the literature and incidence of ADD varies, but it's 1 in 3 or 1 in 5 children all across America. But genes don't change that fast. Brains don't change that fast. It had to be something else going on.

Increasingly parents were becoming more and more troubled either because they were being pressured to put their kids on medicine and they didn't want to do it, or they were looking for an alternative. Others whose kids had been on medicines were apprehensive about possible negative long term effects.

Once I made the shift to taking a functional or integrative approach and avoiding almost always the use of prescribed drugs, the success was sufficient that it's became an accelerating cycle of conviction, belief and more success.

Beth: So now you have completely embraced the idea of functional medicine and that is the type of medicine you now practice?

Dr. Ravenel: Correct. In November 2013 after 41 years total including 11 years in academia, I retired from traditional pediatrics in order to start a new career in functional medicine at the ripe young age of 75. So, that's what I'm doing full time. I'm doing pediatric consulting with families whose children have ADD, depression,

oppositional defiant disorder, obsessive compulsive disorder, ASDs, speech impairments/delays, learning disabilities and more.

Beth: What is the difference in the traditional medicine approach to these conditions and the functional medicine approach?

Dr Ravenel: I call these conditions clinical syndromes because it turns out that “clinical syndromes” better describes a functional medicine approach vs. a traditional “disease management” approach.

In my career of 30 something years in practice prior to this functional medicine career, I looked at (as most traditional physicians do) each disease as a categorical diagnosis for which there is a specific recommended treatment. So, the best practice in traditional health systems is predominantly pharmaceutical-based. This is the “best practice” for disease management. But the focus is really predominantly exploring ways to suppress the symptoms or relieve the symptoms by various prescribed medications. And to give credit where it is due, often that will provide significant improvement. The challenge is that if you’re not addressing the underlying cause of the problems, you’re not really treating anything. You’re simply providing in essence a palliative relief from the symptoms which inevitably recur when the medicine is withdrawn.

The integrative prospective looks for underlying causes. For example, identifying genetic variances which are known to impact your ability to handle toxins in the environment. We live in a toxic world. Nutritional and dietary habits can impact genetic expression too. It turns out that many of these things (depression, ADD, bipolar, and others) can actually be healed if people are willing to make lifestyle changes. Those changes can effectively help people recover – either substantially or in some case completely. In many cases, people recover completely over a period of time. This contrasts with the traditional approach of prescribing medicines and continuing them as long as the individual feels like they need to depend on them.

Beth: What are the pros and cons of the medications for these conditions, particularly in the long-term?

Dr. Ravenel: The pros are of course pretty obvious: simplicity and quickness. A patient who comes in and does a check sheet for depression or ADD can get a prescription that day – which is the usual way it happens in many practices. They get relief within 24 to 48 hours. Every day, as long as the medicine is being taken, there is improvement. So, the pros are pretty much practical. The quickness and sometimes a pretty dramatic improvement in the symptoms.

The flip side is: what are the long term effects on the brain of drugs prescribed with the intention of altering the brain's circuits of neurochemistry? The answer to that is that nobody knows. It's not been looked at long-term. There are no studies published in the literature on the long term (meaning years, not to mention decades) of the use any psychotropic drugs including ADD medications.

There is research that gives real concern that there are a lot of short-term side effects. Those side effects are well known by any parent whose child has been taking the medicine. Those include cognitive constriction or narrowing of focus which is obviously the intention of the drug. Sometimes kids can lose their spontaneity, and lose their creativity.

The other long term problem—there's research, for example, there are 2 researchers named Hyman and Nester who published an article in a psychiatric mainstream journal several years ago. The title of the article is *Initiation and Adaption*. It refers to using psychotropic drugs including stimulants that target the brain. They change the brain's chemistry which is why they're prescribed. The brain is a living organ so the body will biologically respond to any change externally with what's called homeostasis. The body responds to an external change agent with its own response and change. So, you induce changes in the brain with a drug and if you take the drug sufficiently long which in the case of anti-depressants and ADD medicines often for years if not decades, the brain changes and then when you withdraw the drug, the individual experiences a profound experience of disorientation. That tends to be interpreted by those that believe in the medical model as proof that the person needs to stay on the medicine. The truth is that it probably reveals that the person's brain has changed and the drug has in essence created a state of dependency. The longer you take the medication the longer it reinforces the dependency.

Another thing that alerted me to the growing concern about the long term use of these drugs is a book written by a psychiatrist I know personally who has a psychiatric approach which is also pretty much non-pharmaceutical named Dr. Grace Jackson. She wrote a book entitled, Drug Induced Dementia. It's a very scholarly manual that is very deep and complex. She argues strongly that she believes that research supports the idea, the hypothesis, that one contributing, major factor in the growing dementia in western society is, in fact, the long term administration of psychotropic drugs.

Beth: Wow. So, these medications not only have short-term side effects, they may even put our children at higher risk for dementias such as Alzheimer's when they are older?

Dr. Ravenel: Yes. We don't know what kind of impact these medications will have on this generation of children.

Beth: This is very interesting. Thank you for spending time with me today and allowing me to share our conversation with my readers. You will be speaking at the Unitarian Universalist Fellowship of Raleigh on November 13th at 7:00 pm. Tell us about what you'll be talking about.

Dr. Ravenel: I will give a brief overview of some of the common natural treatments for ADD, anxiety, depression, learning disabilities, and more . Most importantly, when I speak with parents, I find they enjoy being able to ask questions, so I will leave lots of time for questions and answers.

Beth: Thank you Dr. Ravenel! We look forward to seeing you on the 13th.

>>>Click [**here**](#) to register for Dr. Ravenel's presentation on Thursday the 13th at 7:00 pm at the Unitarian Universalist Fellowship in Raleigh.

 **AUTISM, ADHD, LEARNING DISABILITIES, AND MORE**

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