



# HerbClip™

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**FILE: ■Attention Deficit Hyperactivity Disorder (ADHD)  
■Salicylates**

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**RE: Nutritional and Herbal Recommendations for Attention Deficit Disorder**

Romm AJ. Attention deficit disorder: people, plants and paradigms (part II). *Canadian Journal of Herbalism*. 2004;25(3):15–43.

The prevalence of Attention Deficit Hyperactivity Disorder (ADHD) diagnosis has been increasing over the last 15 years. This may be due to an absolute increase in the number of children with this disorder, an increase in screening, or changes in the social tolerance of certain childhood behaviors. Many educators, researchers, and health practitioners question the prevalence of the diagnosis and the symptoms of the disorder, suggesting that often social, rather than medical, factors may lead a child to be labeled ADHD. ADHD is 3 to 10 times more common in males than females and affects 3-10% of all school-age boys. Nonetheless, there are children who exhibit behavioral and attention disorders that may seriously hinder intellectual, social, and emotional development, since these children often suffer from an inability to complete tasks, sustain their attention for tasks or play activities, and organize their homework; are easily distracted; and frequently experience significant anxiety and depression. The current article reviews treatment options for behavioral and attention disorders using diet, and nutritional and herbal medicines.

The Feingold Diet, which consists of removing all food additives, including artificial flavorings, dyes, and preservatives may reduce symptoms of overactivity by 50%. A whole foods diet, which emphasizes a healthy mix of unrefined, unprocessed foods "might be the best approach, even better than the Feingold diet, for ensuring healthy, well-balanced children," concludes the author. Even with a balanced diet, however, nutritional supplementation can help provide additional nutrients to assist the child's biochemistry. Phosphatidylserine, L-glutamine, chromium polynicotinate, octacosanol, acetyl-tyrosine, taurine, GABA, essential fatty acids, and B vitamins are all discussed by the author as possible supplements. Dosage recommendations based on the weight of the child are also provided.

The author suggests that there are many herbs that may help children with ADHD. Several herbs recommended contain salicylates, which are "anti-inflammatory and relaxing to the

central nervous system." These include willow (*Salix* spp.), birch (*Betula* spp.), poplar (*Populus* spp.), peppermint (*Mentha x piperita*), cramp bark (*Viburnum opulus*), black haw (*Viburnum prunifolium*), and meadowsweet (*Filipendula ulmaria*). Other herbs may contain salicylates and are listed in the article. Children who are on medications for ADHD may experience adverse reactions to some herbs and caution is advised. Stimulating drugs should not be combined with stimulating herbs. Use of herbs in combination with drugs may best be initiated under close supervision of a qualified health care professional.

ADHD can be worsened by allergies, anemia, anxiety, and depression. For allergies, the author suggests astragalus (*Astragalus membranaceus*), nettles (*Urtica dioica*), elder (*Sambucus* spp.); ginkgo (*Ginkgo biloba*), plantain (*Plantago major*), among others. In addition to helping with allergies, nettle may also help in cases of anemia. Chamomile (*Matricaria recutita*), lemon balm (*Melissa officinalis*), valerian (*Valeriana* spp.), wood betony (*Stachys officinalis*), skullcap (*Scutellaria lateriflora*), and other herbs are suggested for anxiety. Balancing hormonal fluctuations during adolescence is also discussed. For all of these contributory factors, the author provides detailed recipes for herbal teas, tinctures, and capsules.

Many options other than drug therapy exist for the treatment of ADHD. Identifying the underlying causes of the disorder will allow parents of children with ADHD to better decide on appropriate treatments. Diet, nutritional and botanical supplements may all be used to provide significant relief from ADHD.

—John Neustadt, ND4

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