National Institute of Educational Studies

LOCATING AND CORRECTING THE PHYSICAL CAUSES ASSOCIATED WITH LEARNING AND BEHAVIOUR PROBLEMS

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DAWSON PROGRAM

How can I possibly stand here and say that learning difficulties, ADD, behaviour problems, depression, stress, eczema, fatigue, digestive disorders and many other forms of disease can be corrected quickly, easily and painlessly with the Dawson Program? Easily and with confidence.

You have spent two days listening to intelligent, dedicated, educators telling you how they are helping the students in a variety of ways. I suggest that most of the presenters have told you how they address the symptoms they perceive or have tested for. How many have tried to find the root cause of the problem? Have any suggested that the problems can be corrected once located? How many people are actually aware of what to look for? How many really do look at the whole person?

Most people realise that to function effectively an individual must be physically, chemically and emotionally well. If one part of this triad of health is dysfunctional, then equilibrium is lost.

We each possess a left and right brain. The right brain deals with emotions and creative tasks such as music, art and turning thoughts and words into concepts; while the left brain carries out the more logical tasks such as maths, language, repetitions, drills and details.

It is vital that left and right brain work together, rather than switching on and off. Cross crawling is the beginning of the integration. When you ask parents of children with learning problems if the children crawled properly and for a reasonable amount of time, you get responses such as: “he stood and then walked straight away”, “pulled herself along by her arms”, “commando crawled” or “bumped along on his bottom”.

If the left and right brain do not communicate with each other or are not integrated, this results in a condition called “Homolateral Brain Syndrome”. It is well documented that “one out of five people have this problem to a greater or lesser degree” (Ferreri and Wainright, 1984).

What prevents one person in five from reaching maximum potential? Usually a misalignment of cranial bones.

Most people believe that cranial bones become fixed soon after birth. In fact you have fourteen bones in your face and eight in your skull which move when you breathe (A Colour Atlas of Human Anatomy, 1991). The bones are particularly prone to displacement, especially in young children, by falls, car accidents and trauma such as shock. Misaligned cranial bones will result in the learning and behavioural problems which I mentioned in my opening remarks. We use applied kinesiology to investigate areas of neurological, physical and anatomical dysfunction. This indicates where treatment is necessary and allows us to check that the correction has been accomplished.

SKULL - FROM THE FRONT

1 Frontal bone
2 Orbit (orbital cavity)
3 Lesser wing of sphenoid bone
4 Greater wing of sphenoid bone
5 Superior orbital fissure
6 Inferior orbital fissure
7 Zygomatic bone
8 Maxilla
9 Ramus of mandible
10 Body of mandible
11 Anterior nasal spine
12 Middle nasal concha
13 Inferior nasal concha
14 Nasal septum
15 Nasal bone
16 Frontal process of maxilla
17 Lacrimal bone
18 Nasion
19 Glabella

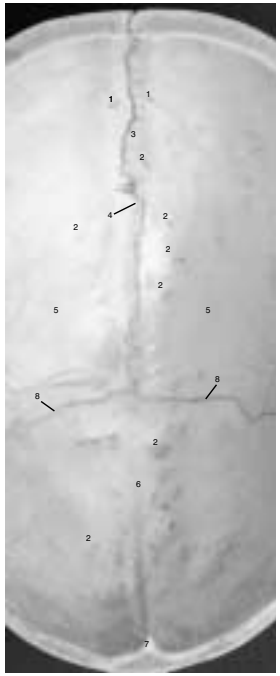
Let us look more closely at the skull as this is the repository of the brain. Any distortion with the skull will cause problems. One particular skull bone called the sphenoid is vital in left/right brain coordination; it is little wonder that in some Eastern cultures it is known as “the bone of learning”. Various other misaligned cranial bones will affect digestion, balance, coordination, learning and behaviour. Once misaligned cranial bones have been located the client is referred to a specialist chiropractor who quickly, easily and painlessly corrects the problems. Parents of children whose babies suffered from colic or reflux are often amazed to learn that frequently the problem is a misaligned

cranial bone and can be corrected in minutes. Similarly many adults who suffer from digestive disorders can also be helped.

Eye muscles are attached to cranial bones, and thus it can bee seen that this will have a bearing on eye muscle function. Most people who have difficulty learning, find it hard to track smoothly from left to right - a movement crucial to the process of reading. When their eyes jerk or drop down, the reader leaves out words, jumps lines and loses their place. As the written word does not make much sense, they frequently seek reassurance by asking for things to be repeated - thus causing people to suspect they have a hearing problem. Furthermore, they often squint, move their head rather then their eyes,

SKULL, INTERNAL SURFACE OF THE CRANIAL VAULT, CENTRAL PART

1 Parietal foramen
2 Depressions for arachnoid granulations
3 Groove for superior sagital sinus
4 Sagital suture
5 parietal bone
6 Frontal bone
7 Frontal crest
8 Coronal suture



find it hard to focus on one spot, frequently rub their eyes and often complain of headaches. Eye exercises, spectacles and extra tuition will not solve this problem - until the root cause is corrected.

There is continuing debate about which comes first - learning disability or hyperactivity, bringing us to the chemical side of the triad. After assessing hundreds of children who have been variously labelled ADD, ADHD, ODD, slow learner etc, a common thread has

appeared. Usually, I find a malfunctioning pancreas, sometimes a sluggish liver, nearly always an “addiction” to sweet food and an intolerance to one of the food dyes. This leads to fluctuating levels of blood sugar which can cause fatigue, confusion, loss of concentration, erratic behaviour and highs and lows of energy.

By altering the diet and avoiding refined sugars, refined flour and confectionery the child or adult responds dramatically. Frequently, I find it necessary to refer them to a naturopath as these children tend to have poor diets and often require vitamin and mineral supplements.

I abhor the use of amphetamine drugs (which we know to be addictive) as a means of controlling behaviour. As far as I am aware there have been no studies which prove the efficacy of this treatment, however I am cognisant of the side effects which include increased heart rate, insomnia, loss of appetite, and arrested growth. I am also concerned about the long-term effects of using amphetamine drugs such as Ritalin.

It is estimated that one Australian child in three will arrive at school without having any breakfast - so their blood sugar is already low. Others have consumed a breakfast with a large sugar content, and as their blood sugar lowers so their concentration wavers and behaviour worsens. Most active people require refreshments approximately every three hours and I contend that recess time at 11.00am is too late for the majority of students and dare I suggest teachers. The food and drink consumed at recess will last until lunch time, when the body will be refueled again. We all know about trying to teach the last lesson of the day, just as we know that as soon as children arrive home, they immediately seek food and a drink with a high sugar content.

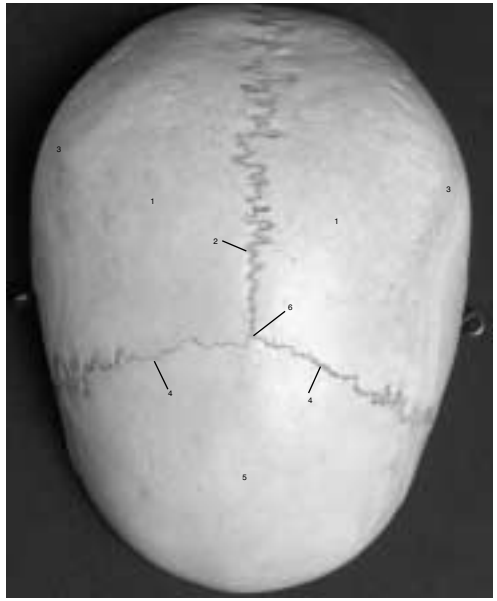
The central nervous system needs the equivalent of two teaspoons of sugar every twenty four hours; more than that adds up very quickly. A can of soft drink contains about ten teaspoons of sugar, a serve of apple pie and ice cream about twenty-two and you are probably aware that the second most abundant ingredient in breakfast cereals is sugar!

This brings us to the third side of our triad of health, which deals with emotions. If you have poor self esteem due to lack of academic success, feel unwell, have few friends and are often teased, it would be unlikely you would feel very positive about going to school or work. Counselling and additional support will not be beneficial until the root causes have been corrected.

As a Course Director of the Dawson Program I spend two hours assessing new clients. When I first started I worked predominantly with children. Now about half my clients are adults. You do not grow out of these problems. According to what I find, I refer clients to the appropriate health professionals to have problems corrected. When I am satisfied that this has occurred I carry out the most important task of “rebalancing” the individual. This involves exercises, visualisation and laterality techniques which integrate the left and right sides of the brain and improve other functions. .

SKULL, FROM ABOVE

1 Parietal bone
2 Sagittal suture
3 parietal eminence
4 Coronal suture
5 Frontal bone
6 Bregma



A full rebalance takes two, two-hour sessions. In the first session we decide on specific goals for each person, integrate the left and right brain and do extensive work with the eyes. The second session involves working with ears, memory and music, positive thinking and attitudes, and handwriting. We check progress at two weeks, two months and six months.

For the majority of individuals there is marked improvement soon after completing The Dawson Program. Parents notice that their child is more energetic, has greater concentration, is more co-ordinated, better behaved and less disruptive. However, optimum performance tends to occur between six and twelve months, when both children and adults report their highest levels of achievement so far.

The Dawson Program does not make extravagant claims about filling people with instant information, we simply remove the barriers so that they are now in a position to process and absorb information.

Many students, who prior to our treatment have been in an arrested state of educational development, will derive great benefit from remedial tuition after completing the program. Teachers will now find the work particularly rewarding as at last their seeds of wisdom will be falling on fertile ground.

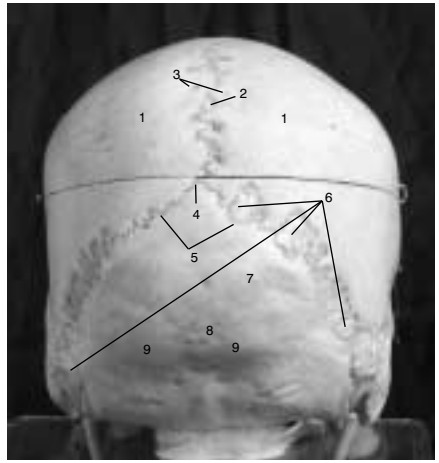
In concluding, let me remind you of the 1993 federal parliamentary report "The Literary Challenge", which found that as many as 25% of Australian primary school pupils enter secondary school with literacy problems. This prompted a great hue and cry, but what have we done to improve the situation? By my observations I would suggest this estimate is conservative. Can you imagine any other business or profession surviving with a 25% failure rate?

We are still pouring money into programs like Reading Recovery, which costs $2000–$3000 per child, in the hope that we can improve the literacy skills of our students. Surely we must now look at other options?

The success that I have had over the last four years with participants who have completed the Dawson Program is too great to ignore. I believe that there is treatment available for dyslexia, learning disabilities and behaviour problems which is safe, natural, non-intrusive and very precise. Hence this paper.

SKULL, FROM BEHIND

1 Parietal bone
2 Sagital suture
3 parietal foramen
4 Lambda
5 Lambdoid suture
6 Sutural bone
7 Occipital bone
8 External occipital protuberance (inion)
9 nuchal line



APPENDIX
The Biggest Selling Items in Australian Supermarkets

Source: Time, 1992, 7: 55

1. Coca-Cola, 375mL
2. Coca-Cola, 1 L
3. Coca-Cola, 2 L
4. Diet Coke, 375mL
5. Cherry Ripe
6. Nestle Condensed Milk
7. Tally Ho Cigarette Papers
8. Mars Bar
9. Kit-Kat
10. Crunchie Bar
11. Eta 5 Star Margarine, Salt Reduced
12. Heinz Baked Beans
13. Golden Circle Canned Beetroot
14. Diet Coke, 1 L
15. Bushell's Tea
16. Cadbury Dairy Milk Chocolate
17. Pepsi Cola, 375mL
18. Coca Cola, 1.75L
19. Kellog's Corn Flakes
20. Maggi Two Minute Noodles
21. Generic Brand Lemon Drink
22. Panadol Tablets, 24 pack
23. Meadow Lea Margarine
24. Generic Brand Lemonade
25. Mrs MacGregor's Margarine