

It is commonly referred to as early onset Bipolar or more popularly as The Bipolar Child. While this is not a new discovery it has been more widely diagnosed within the past few years.

This is thought to be a common disorder with children exhibiting all of the below mentioned behaviors. Early energetic tests indicate this is even more widespread in children with what we would call mild affect or almost sub-clinical to children exhibiting full behavioral symptomology.

The confusing issue is in the name of this disorder. It is very different from adult Bipolar. So much so that I wish the child disorder did not use the term Bipolar. The Bipolar Child differs from adult Bipolar in that children experience such a rapid shift of mood that they commonly cycle many times within the day. Adults experience abnormally intense moods for weeks or months at a time.

Parents report children seemed different from birth, or noticed something was wrong as early as 18 months. Babies are often extremely difficult to settle, rarely sleep, experience separation anxiety, and seem overly responsive to sensory stimulation.

In early childhood, children appear hyperactive, inattentive, fidgety, easily frustrated and prone to terrible temper tantrums (especially if the word "NO" appears in the parental vocabulary). Explosions can be prolonged and children can become aggressive or even violent. The Bipolar Child can be bossy, overbearing, extremely oppositional, have difficulty making transitions, mood can veer from morbid and hopeless to silly, giddy and goofy within a short period of time.

Over 80% of Bipolar children will meet full criteria for ADHD (Attention Deficit Hyperactivity Disorder), believed to be either co-morbid or as part of the Bipolar picture. Our energetic tests indicate ADHD is part of the bipolar picture.

The difference between The Bipolar Child and ADHD is The Bipolar Child will exhibit much more irritability, labile mood, grandiose behavior and sleep disturbances often accompanied by night terrors (nightmares filled with gore and life threatening content) than children with ADHD.

Research indicates almost all bipolar children meet criteria for Oppositional Defiant Disorder (ODD). In children with Oppositional Defiant Disorder (ODD) there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the youngster's day to day functioning. For additional information please refer to our strategy for ODD.

Bipolar Children may hear voices or see things. This DOES NOT indicate Schizophrenia. Psychotic Symptoms such as delusions and hallucinations can occur with The Bipolar Child and in fact are not uncommon. Sometimes voices and visions are compelling; often they are threatening. Quite a few children report seeing bugs or snakes or say they see and hear satanic figures.

As we mentioned we find children with what we would consider a sub-clinical case of The Bipolar Child. The range of behavior will not be as severe as with a full-on case and will vary greatly from case to case. We will continue to compile our findings with the feedback we receive from our practitioners so that in the future we can have a clearer picture of which physiological imbalances create what behaviors or patterns of behavior.

One fascinating piece is that once again we can trace the behavioral symptomology to physiological imbalances rooting the issues. We have put together a summary of remedies to treat the vibration of the physiological pathogens to eliminate the behavioral symptoms, which make up "The Bipolar Child".

SUMMARY OF REMEDIES

(With range of bottles needed)

CHILD BI-POLAR	1-2
OPPOSITIONAL DEFIANT DISORDER	2-3
PKU	2-3
Vaccination Residues- one or more is usually required.	
(See Vaccinations strategy)	

PROBABLE COMPLICATIONS

(With range of bottles needed)

AD ESTRANGEMENT	1-4
ASPARTAME (antidote)	1-4
BRAIN CLEAR	1-2
FETAL ALCOHOL SYNDROME	1-3
LEAD (antidote)	1-3
NATURAL FLAVORS	1-7
NOGIN DEKLOGIN	1-2
TIGER FOCUS	1

