Dyslexia/LD and Attention Deficit Disorders

Groundbreaking Understanding, Diagnosis and Treatment

Harold N. Levinson, M.D.

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The Breakthrough!

New Understanding

It was in the late 1960's that Dr. Levinson and a colleague discovered that the symptoms of Dyslexia or Learning Disabilities were due to a simple signal-scrambling disturbance within the inner-ear and its super-computer — the cerebellum, a disturbance later discovered to also trigger attention deficits as well as fears, phobias, and panic.

After examining thousands of reading-disabled students within the New York City school system, Dr. Levinson was initially surprised to find: i) that none had any neurological evidence of a thinking brain or linguistic impairment — mistakenly assumed to be present by most experts, and ii) that over 95% had clear-cut balance/coordination/rhythmic difficulties diagnostic of a previously overlooked inner-ear/cerebellar dysfunction. These independently verified data clearly refuted the traditionally held brain damage and language disordered theories of dyslexia while highlighting the crucial but hidden role of the inner-ear in triggering the dyslexic syndrome.

Simple Insights

To explain all the many and varied inner-ear and related symptoms and mechanisms characterizing all dyslexics, Dr. Levinson reasoned as follows: "The inner-ear acts as a 'fine-tuner' to the brain, similar to the vertical and horizontal controls on a television set. In the presence of a fine-tuning dysfunction, specific channels of sensory-motor information and related memory, concentration, cognition…signals will be scrambled. And thus the quality and intensity of all the dyslexia-related symptoms as well as their improvements were found to be dependent on three major factors: i) the unique pattern of inner-ear circuits or 'channels' scrambled, ii) the degree of signal scrambling, and iii) the ability of normal thinking brain processors and therapies to descramble or otherwise compensate for scrambled signals."

"For the first time we could easily explain the presence of cognitively gifted dyslexics like Einstein and Edison as well as linguistically gifted celebrity dyslexics like Churchill and actors like Tom Cruise and Cher. And since you don't have to be a klutz to have an inner-ear dysfunction, we could understand how Olympian decathlon Bruce Jenner and other famous athletes were dyslexic. They merely had poor reading (eye) and writing (hand) coordination."

By contrast, the thinking brain dyslexia theory could only explain the presence of a severe and hopeless reading impairment — and absolutely nothing else, including why and how dyslexics frequently improve spontaneously and in response to tutoring as well as other non-medical and medical therapies.

Suggested Reading

Already the author of seven books, Dr. Levinson has just completed two additional new-millennium works: *The Discovery of Cerebellar Vestibular Syndromes & Therapies: A Solution to the Riddle — Dyslexia* (described by scientific colleagues as "decades ahead of its time") and *Feeling Smarter & Smarter*, an updated sequel in press (Stonebridge) to his best-selling book *Smart But Feeling Dumb*.

Dr. Levinson's books include: *A Solution to the Riddle — Dyslexia* (Springer-Verlag), *Smart But Feeling Dumb* (Warner), *Total Concentration*, *Phobia Free*, *The Upside-Down Kids*, and *Turning Around the Upside-Down Kids* (Evans), *A Scientific Watergate — Dyslexia*, *The Discovery of Cerebellar-Vestibular Syndromes & Therapies: A Solution to the Riddle — Dyslexia*, and *Feeling Smarter and Smarter* (Stonebridge).

"Dr. Levinson...your 3-D Optical Scanner for screen

Introduction

Dr. Harold Levinson is a world-renowned psychiatrist and neurologist. His groundbreaking research led to the first and only comprehensive understanding of the many and varied symptoms characterizing Dyslexia and related Learning, Attention Deficit, and Anxiety Disorders.

By recognizing that the above-mentioned differently named disorders are all caused by a common signal-scrambling dysfunction within the inner-ear and its supercomputer — the cerebellum or "lower-brain," Dr. Levinson went on to discover new and highly effective methods of screening, diagnosis, treatment and even prevention. Most important, 75–85% of over 35,000 of his medically treated children and adults were shown to respond favorably, rapidly, and often dramatically to simple and safe combinations of inner-ear-improving medications and related nutrients similar to that given the astronauts to prevent space disorientation or "space dyslexia."

Recently validated by independent studies published in prestigious scientific journals, Dr. Levinson's 35-year research effort has been considered "decades ahead of its time" by Nobel Prize and other outstanding experts.

Dyslexia — A Syndrome

Dyslexia is often mistakenly viewed as merely a severe reading impairment characterized by letter and word reversals such as *b=d* and *was=saw*. "In fact," says Dr. Levinson, "dyslexia is a syndrome or related cluster of numerous and diverse reading and non-reading symptoms which can profoundly affect many areas of a patient's life, especially self-esteem."

Typical Dyslexic/LD Symptoms

The examination and treatment of over 35,000 children and adults have shown that if the following specific symptoms are present, then the existence of an inner-ear or dyslexic syndrome is likely:

- memory instability for letters, words, or numbers
- a tendency to skip over or scramble the sequence of letters, words or sentences
- a poor, slow, fatiguing reading ability prone to compensatory head-tilting, near-far focusing, and finger-pointing
- reversal of letters such as *b* and *d*, words such as *saw* and *was*, and numbers such as 6 and 9, and 16 and 61
- messy, poorly angulated, or drifting handwriting prone to errors in size, spacing, and letter sequencing
- memory instability for spelling, grammar, math, names, dates, and lists or sequences such as the alphabet, days of the week, months of the year, and directions
- speech disorders such as slurring, stuttering, minor articulation errors, poor word recall, and delayed processing for what is heard and/or what is said
- right/left and related directional uncertainty
- delay in learning to tell time and/or poor sense of time
- difficulties with balance and fine/gross/rhythmic coordination and reflex functions, i.e., delayed toilet training, walking, talking, running, skipping, hopping, tying shoelaces, buttoning, accident proneness, poor catching, throwing or hitting a ball, etc.
- psychosomatics: headaches, nausea, dizziness, motion sickness, bedwetting, excessive sweating, etc.
- anxiety symptoms: fears of the dark, heights, getting lost, going to school, and obsessions/compulsions
- mood disturbances and impaired self-esteem: feeling dumb, ugly, clumsy…despite intelligence and even talent

Attention Deficit and Anxiety Disorders

Attention Deficit Disorder (ADD/ADHD) is commonly recognized as a physiologically-based syndrome characterized by poor attention span and distractibility, as well as overactivity, hyperactivity, impulsivity, poor frustration tolerance and problems with boredom, procrastination, disorganization, mood, sleep, oppositional behavior, etc. Dr. Levinson's examination of thousands of children and adults diagnosed with ADD or ADHD as well as Phobic or Anxiety Disorders revealed that the vast majority (over 90%) also suffer from the symptoms characterizing the dyslexic syndrome and inner-ear dysfunction. (For clear and therapeutic insights, refer to *Total Concentration* and *Phobia Free*.)

ning dyslexia is fascinating." — Sir John Eccles, Nobel Laureate

Evaluation and Treatment

Since Dyslexia and related Learning, Attention Deficit and Phobic Disorders were shown due to an inner-ear/cerebellar dysfunction, medical management consists of two phases — evaluation and/or medical treatment.

Medical diagnostics are absolutely crucial to both confirm the presence of an inner-ear/cerebellar dysfunction and to suggest the combination of medications most likely to trigger improvement.

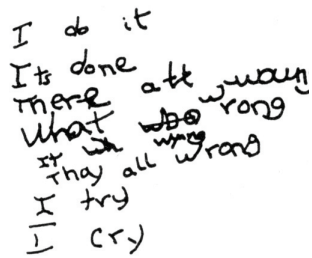
Medical/Non-Medical Treatment

Following a complete medical examination, a definitive diagnosis and medically-based treatment plan is possible in almost all cases — resulting in rapid and favorable responses in a majority of patients. *Most important, 80% of patients no longer need medications after 2–4 years. Via compensatory mechanisms, patients continue to do as well off medications as they did before on.* When non-medical therapies are also utilized, then all patients with inner-ear/cerebellar-related dyslexia and other disorders can be helped and their improvements maximized.

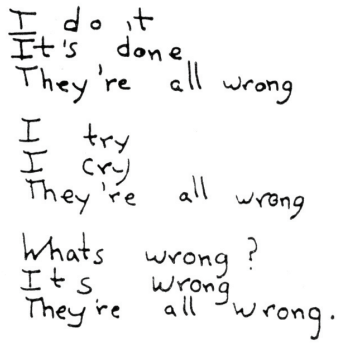
Typical Responses to Medical Rx

"Karen's rapid and dramatic improvements in handwriting highlight similar improvements in her reading and other typical dyslexic symptoms which cannot be visualized."

Before Medication

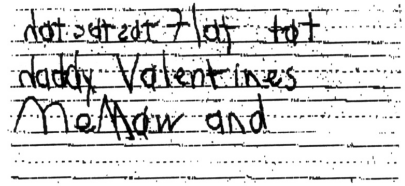


After Medication

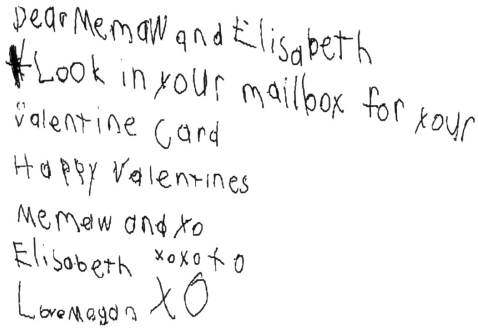


"Megan's response to the medication has been nothing short of miraculous. Meg has done nothing but write and read all week since starting treatment."

Before Medication



After Medication



SCIENTIFIC RECOGNITION

Dr. Levinson's pioneering research efforts have been acclaimed by Nobel Prize and other outstanding scientists

"Unique and tantalizing…and decades ahead of its time… Dr. Levinson's work convincingly describes the discovery and implementation of a non-traditional scientific method resulting in a dramatically successful method of medical treatment."

— Reuven Kohen-Raz, Ph.D.
Professor Emeritus, The Hebrew University, Jerusalem

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