A PRACTICAL GUIDE FOR PARENTS

What You Can Do Now

If Your Child Has Sudden Behavioral or Neuropsychiatric Symptoms

If your child has suddenly changed — new OCD, anxiety, tics, rage, sleep problems, sensory issues, or refusal to eat or wear clothes — you are not wrong to think something medical may be going on.

In some children, these symptoms are driven by inflammation, immune activation, infection, or environmental triggers.

This guide gives you practical steps you can take now. It is a reasonable place to start.

When to Get Urgent Help

Seek urgent help if your child is:

01 Making a specific plan to hurt themselves or others.

02 Refusing fluids or not urinating.

03 Severely aggressive or unsafe.

04 Difficult to wake, unresponsive, or not responding normally.

05 Having seizures or trouble breathing.

What We're Trying to Do

01 Calm inflammation

02 Support the nervous system

03 Reduce triggers

04 Stabilize your child

How to Respond to Your Child

This part is just as important as anything else in this guide.

Do not try to “parent” the symptoms. Your child is not behaving this way on purpose.

When the brain is inflamed, it is like having a fever in the brain. They are not thinking clearly, not regulating emotions, and not able to act like themselves.

What looks like defiance or anger is often fear, discomfort, or loss of control.

Trying to correct or discipline these behaviors during a flare usually does not work. It often increases distress for both you and your child.

Instead:

01 Lower expectations temporarily

02 Focus on keeping things calm and safe

03 Reduce demands where possible

04 Use a supportive, steady tone

05 Remind yourself: this is not who they are

When they improve, they will often feel embarrassed or upset about how they acted. Protecting them from shame now matters.

Start with These Basics

01 Prioritize sleep

02 Push fluids

03 Feed whatever your child will eat

04 Treat constipation if present

05 Reduce obvious triggers (junk food, dyes, illness exposure, mold)

Over-the-Counter Medications

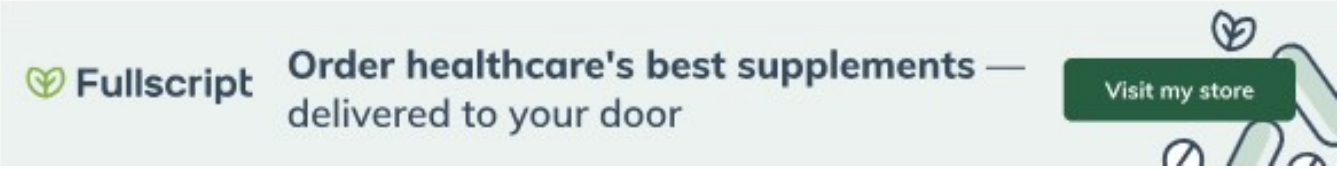
> **Common options discussed in this guide**
>
> **Ibuprofen (Motrin).** For inflammation: 10 mg/kg per dose (4.54 mg/lb) every 6 hours; maximum 40 mg/kg in 24 hours and 400 mg per dose.
>
> **Naproxen.** For inflammation: 5–7.5 mg/kg per dose (2.27–3.40 mg/lb) every 12 hours. Use naproxen or ibuprofen, not both together.
>
> **Antihistamines.** Levocetirizine combined with famotidine can help, especially if allergies or mold may be involved.
>
> **Melatonin.** Can help with sleep.

Supplements

A simple, practical starting point

These are things I commonly use in kids like this. They're generally well tolerated and can help calm inflammation and support the nervous system. You do not need to start everything at once. Start simple — most families begin with 2–3 and build from there.

See the **dosing appendix** for the weight-based ranges. Melatonin is discussed above.



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Where I usually start

Magnesium glycinate · **View dose**
Helps with calming, sleep, and taking the edge off overall reactivity.

Melatonin · **See sleep note**
Helps with sleep during a flare.

Curcumin · **View dose**

Another potent anti-inflammatory option.

Fish oil · **View dose**
Supports the body's ability to actively turn off inflammation.

Useful add-ons

If immune support is needed or levels may be low:

Vitamin D · **View dose**

If allergies, histamine, or possible mold exposure are part of the picture:

Vitamin C · **View dose**

Other helpful options

Quercetin · **View dose**
Helpful for histamine/allergy-type symptoms.

L-theanine · **View dose**
Supports calming and anxiety.

Probiotics · **View dose**
Gut and immune support.

Additional Options

(For families who want a more supplement-based approach)

These are sometimes used depending on the child's symptom pattern. I do not usually start everything at once — pick a few that fit what you're seeing.

NAC · **View dose**

May support OCD-type symptoms and inflammation, but NAC can increase irritability or worsen symptoms in some children when first introduced. I do not routinely start with NAC during an acute flare.

Inositol · **View dose**

Supports OCD-type symptoms and helps regulate serotonin signaling.

Phosphatidylserine · **View dose**

Can help with emotional regulation, stress response, and attention.

Palmitoylethanolamide (PEA) · **View dose**

A natural anti-inflammatory compound that can help calm neuroinflammation and pain signaling.

Saccharomyces boulardii · **View dose**

A non-bacterial probiotic that helps with gut balance, especially in cases with yeast or mold involvement.

Glutathione · **View dose**

Supports detoxification and antioxidant defenses, especially in children under oxidative stress.

Alpha-lipoic acid · **View dose**

An antioxidant that helps recycle other antioxidants and supports mitochondrial function.

Methylfolate (with B12) · **View dose**

Supports methylation and neurotransmitter production, especially in children with genetic or functional deficiencies.

Quick Notes

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Final Note

> **A reminder for families**
>
> If your child changed suddenly, there is often a real biological reason.
>
> If anything here helps even a little, that is meaningful and helps guide next steps.
>
> You are not imagining this, and you are not alone.

What to Track During a Flare

A few notes each day can make patterns easier to see and remember. Record what is different from your child's usual baseline. Short observations are enough.

AT THE START OF THE FLARE

When did the change begin?

Date/time; when your child last seemed well

_____

Possible triggers or exposures

Illness, sick contacts, mold, allergens, missed sleep, new medications

_____

First changes you noticed

OCD, tics, anxiety, mood, sensory issues, eating

_____

Most disruptive symptom

What is hardest right now? Rate severity 0-10

_____

DAILY CHECK-IN

If helpful, rate overall symptom severity from 0 (usual baseline) to 10 (most intense). Track what you tried, including the dose and timing, and what changed afterward.

DAY / DATE	SYMPTOMS / SEVERITY	SLEEP, BODY SIGNS & TRIGGERS	WHAT YOU TRIED / RESPONSE

QUICK REMINDERS

Useful details include sleep duration, appetite and fluids, constipation or urination changes, fever or pain, possible infections or exposures, and the start/stop dates of any medicines or supplements.

Patterns or questions to bring to your visit:

_____

_____

Appendix: Dosing Guide

GENERAL RANGES

Important: These are general starting ranges commonly used in children. They are not exact, and not every supplement is right for every child.

Start low, go slow, and adjust based on response.

Weight Groups

30–50 lb	50–75 lb	75–100 lb

Core Supplements

Omega-3 Fish Oil (EPA + DHA total)

30–50 lb	50–75 lb	75–100 lb
1,000–2,000 mg daily	2,000–3,000 mg daily	3,000–4,000 mg daily

Adult range 4,000–5,000 mg daily of EPA + DHA combined.

Magnesium glycinate

30–50 lb	50–75 lb	75–100 lb
50–100 mg daily	100–200 mg daily	200–300 mg daily

Vitamin D

30–50 lb	50–75 lb	75–100 lb
600–1,000 IU daily	~1,000 IU daily	1,000–2,000 IU daily

Vitamin C

30–50 lb	50–75 lb	75–100 lb
125–250 mg 1–2x daily	250 mg 1–2x daily	250–500 mg 1–2x daily

Curcumin

30–50 lb	50–75 lb	75–100 lb
250 mg daily	250 mg twice daily	500 mg twice daily

Quercetin

30–50 lb	50–75 lb	75–100 lb
125 mg 1–2x daily	250 mg 1–2x daily	250–500 mg twice daily

L-theanine

30–50 lb	50–75 lb	75–100 lb
50–100 mg 1–2x daily	100 mg 1–2x daily	100–200 mg 1–2x daily

Probiotics

Most children	Larger kids
1 standard dose daily	1–2 doses daily

Saccharomyces boulardii

30–50 lb	50–75 lb	75–100 lb
250 mg daily	250 mg 1–2x daily	250 mg twice daily

Additional Options

NAC

30–50 lb	50–75 lb	75–100 lb
300 mg once daily → up to 300 mg twice daily	600 mg once daily → up to 600 mg twice daily	600 mg twice daily → up to 900 mg twice daily

Notes Start slowly; can cause stomach upset, irritability, or increased symptoms in some children.

Inositol

30–50 lb	50–75 lb	75–100 lb
500 mg daily → up to 500 mg twice daily	1,000 mg daily → up to 1,000 mg twice daily	1,000 mg twice daily → up to 2,000 mg twice daily

Phosphatidylserine

30–50 lb	50–75 lb	75–100 lb
100 mg daily	100 mg twice daily	100–150 mg twice daily

Palmitoylethanolamide (PEA)

30–50 lb	50–75 lb	75–100 lb
300 mg daily	300 mg twice daily	300–600 mg daily

Glutathione

30–50 lb	50–75 lb	75–100 lb
250–500 mg 1–2x daily	500 mg twice daily	500–1,000 mg twice daily

Alpha-lipoic acid

30–50 lb	50–75 lb	75–100 lb
50–100 mg daily	100 mg 1–2x daily	100–200 mg daily

Notes Less standardized in pediatrics

Methylfolate (with B12)

30–50 lb	50–75 lb	75–100 lb
200–400 mcg daily	400–800 mcg daily	800–1,000 mcg daily

Notes Highly individualized. Start low — can be activating in some kids.

These are tools, not a checklist. The goal is not to use everything, it’s to find what helps your child.

↑ Back to supplements