

# Pure Facts

Newsletter of the Feingold® Associations of the United States



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## Parents Under Pressure

*FAUS has received many letters from parents under pressure from their child's school. This issue of Pure Facts addresses drug therapy and the alternatives.*

**The school has let you know — subtly or otherwise — that your child should be on medication to control his behavior. What can you do?**

### **First, take a good look at how you feel about yourself as a parent.**

Most parents of a difficult child will say "terrible." But the problems you encounter do not start in September of the first grade. You've already had six ego bruising years, and if the child is your first born, your confidence may be in shreds.

"As first time parents we really believed that if we did 'all the right things' we would be rewarded with an adorable, intelligent little baby," reports one member.

"When 'all the right things' didn't work, we were devastated."

If your six year old is less than the ideal child, you are accustomed to others implying/declaring your inadequacy.

The fallacy of this is that your child's personality and behavior may have very little to do with you, your ability as a parent, or your methods of raising children. (This concept is beginning to find its way into the professional literature, but your mother-in-law isn't likely to have read about it.)

Most couples don't really appreciate the vast difference in children's temperaments until they have a second child.

"As Matthew's mother, teachers are courteous to me, but they are tense and speak carefully," a mother told *Pure Facts*.

"As Danny's mother, the smiles come readily; the talk flows easily with facial muscles relaxed.

"I'm still the same me, but my adequacy as a parent and a person depends

*Continued on page 2*

## Editorial Note

The purpose of *Pure Facts* is to make life easier for the Feingold member. It's very satisfying to be able to share new ideas, useful hints, and the latest food information. We like to be optimistic, and generally that's not hard because we have witnessed such wonderful changes in our families.

But this issue is different. It focuses on a problem which is alarming and shows no signs of abating.

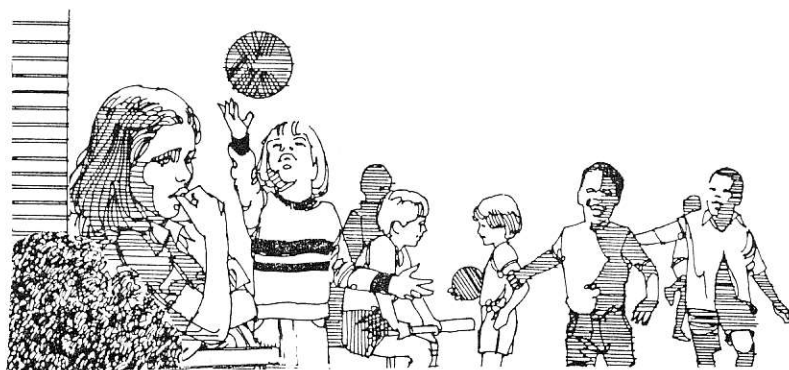
Feingold volunteers have noted an abrupt increase in calls and letters from parents who report their child's school is placing pressure on them to put their child on behavior-modifying drugs.

Until fairly recently, teachers and school administrators have been careful to avoid entering this arena. In the past, teachers have reported that they are not permitted even to use the term "hyperactive" when discussing a student. Now we receive reports of some teachers who not only diagnose a child, but prescribe medication (tell parents what drug he should be on).

This area has always been and remains, off limits to a support group such as ours. We are not qualified to diagnose or prescribe. But our association was established on the premise that "nutrition is a better way," and we are able to offer information in response to the requests we receive.

Many Feingold parents have faced the school pressure and have found ways to deal with this problem and with their child's problems.

Nutrition may be the better way, but it is not the only way; neither is Ritalin. For parents who "just say NO" to drugs, or who want to explore their options, "this one's for you."



The Feingold® Associations of the United States, Inc., founded in 1976, are non-profit volunteer organizations whose purposes are to support their members in the implementation of the Feingold Program and to generate public awareness of the potential role of foods and synthetic additives in behavior, learning and health problems. The program is based on a diet eliminating synthetic colors, synthetic flavors, and the preservatives BHA, BHT, and TBHQ.

**SPECIAL ISSUE ON DRUG THERAPY**

upon which classroom I happen to be in."

If Matthew suffered from an obvious physical disability his mother would not be held responsible. But because his handicap is invisible — a sensitivity to synthetic chemicals which affect his behavior — Mom gets all the blame.

When parents accept psychological factors as the only cause of behavior problems they get locked into a no-win situation. They must either: 1) admit their inadequacy as parents and follow whatever direction is given, or 2) deny the child has a problem. Most parents are caught up in a nebulous middle ground somewhere between these two options.

Neither choice is likely to solve the problem.

### **It is important for you to realize that your child's behavior really is a problem.**

Chances are he/she is driving other people nuts!

Once you accept that a problem exists, you have taken the first step toward identifying the cause/causes, and exploring solutions.

Let your child's teacher know you understand that your child's behavior is making it difficult for him/her to teach. Explain that you are actively researching and exploring the choices that are available to you. Don't allow the situation to drag on in hopes that it will get better. Generally it gets worse.

### **Try to imagine how it feels to be your child.**

How would *you* feel if you lived inside a body which talks endlessly/touches everything compulsively/always says the wrong thing? And no matter how hard you try, you're always on a collision course with the world? It's easy to forget that a child's behavior may cause as much distress for himself as for those around him.

Dr. Feingold stated, "Most of the children don't want to be bad. They don't want to be on drugs. They don't want to be in learning disability classes. They are not sub-intelligent. In my opinion they are chemically abused. These children are normal. Their environment is abnormal."

## **Consider your choices.**

**Parenting skills counseling:** Who *couldn't* benefit from that? But if your child is chemically sensitive then this will not address the problem and is likely to be of limited help.

**Behavior modification:** If you don't object to carefully weighing every word you say, every action you take, and if you are willing to spend most of your time watching your child, this may make a difference. Like the first option, it doesn't address the cause of a chemically sensitive child's problem, so results are likely to be disappointing.

**Counseling for your child:** Just as it is unreasonable to try to counsel an alcoholic while he is drunk, it is difficult to change the behavior of a child who does not have control over his own actions. Once the offending chemicals have been taken away from the chemically sensitive child, counseling can be very helpful in teaching new ways to behave and in restoring a damaged self-esteem.



**Remedial help for learning disabilities:** A child who cannot pay attention cannot learn. Removing offending foods and/or additives will not teach your child math, but it may enable him to focus on the task; then he can learn. Fortunately, most "Feingold kids" are bright and with appropriate help they can catch up with their peers.

**Medication:** This option is very popular with many professionals. No doubt a major factor is that they have seen so little improvement from the other techniques. With medication one is very likely to see results quickly.

Since hyperactivity is not due to a Ritalin deficiency, however, the use of this or similar drugs will not address the cause of the problem. Not only are the side effects potentially serious, but the drug may mask other problems.

**Dietary management:** As a technique which incurs no risk, very little expense, and yields fast results, dietary management should be the first to be tried.

With the Foodlist and other detailed information provided by a Feingold Association, parents will know in several days to a few weeks if chemical sensitivity is a factor in their child's problems.

It is not unusual for a young child to respond to the Feingold Program in a few days. For the individual on medication, it is generally more difficult to see the clear improvement in behavior. Thus families should try dietary management before considering drugs.

Many children can further benefit from counseling and remedial techniques *once they have become established on the Feingold Program.*

Dr. Feingold found that in many cases the use of behavior-modifying drugs interfered with the effectiveness of the diet. Although we do not suggest this, we occasionally hear from parents who report they can combine the Program with a small dose of medication.

If you are considering using the diet in combination with medication, ask your doctor or pharmacist for assistance. They may be able to help you obtain the drug in an uncolored form, and can adjust the dosage to your child's need. Even one bright yellow pill can sabotage a child's successful response to the Feingold Program.

*The following comes from a newspaper column written by a physician well known for prescribing medication for hyperactive children:*

"Did you ever stop and think what television is urging our youngsters to do?

"Take a pill for constipation. Take a pill for diarrhea. Take a pill for headaches, for sore muscles, to fall asleep, to stay awake. . . . There's a pill for every ill. Can we be surprised in this pill-taking society our youngsters turn to 'drugs?'"

*The Cedar Rapids Gazette  
Sunday, May 10, 1987*

## Letters to FAUS

"My 5 year old daughter was put on Ritalin at Age 3. Called "very hyperactive" she was on 45 mg each day until I started her on the diet two weeks ago and began to cut down the drug. Day 4 of the diet was beautiful and she only needed 17 mgs Ritalin for the whole day.

"By Day 8 I got the Ritalin down to 15 mg and the doctor was delighted.

"For the first time in her life she's able to wear a braid and a bow in her hair without tearing it out.

"Two mothers of hyperactive children led me to the Feingold diet. Yellow No. 5 was the first time I noticed a relation of behavior to additives.

"Donna had already taken 30 mg of Ritalin when I fed her packaged macaroni & cheese for lunch, and the yellow dye counteracted all this Ritalin. . . as if she had none and worse. That day I vowed she would never see food coloring again and I started the diet as best I could without much information.

"I noticed the smaller doses of Ritalin 'lasted' longer and were more calming than the larger doses without diet management, so I hope to eliminate Ritalin altogether one day by completely following the Feingold diet."

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"Just recently my son was taken off his medication at my request. (The doctors agreed.) He has not grown in height at all in two years, nor has he gained much weight (5 pounds in two years). He was on his medication for three years.

"Anyway, since he has been taken off his medication, I don't want another doctor to put him on anything else, which is what the school wants.

"The school is preparing to put my son in a severely emotionally handicapped class. He is already in the emotionally handicapped class now."

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"The diet has been controlling my son's behavior as well as Ritalin did, and without the side effects. He has started eating better and putting on weight.

"Just a note of interest, my baby (not yet 2) had bronchial asthma and although he is not on the Feingold diet I have eliminated yellow dye and sulfites and he has improved at least 50%! He no longer needs his nebulizer treatments."

## School Will Soon Begin . . . new books, new crayons and new shoes . . . shiny hallways . . . and children lined up at the clinic to take their Ritalin.

The use of medication to control behavior of school children has received a great deal of media attention in recent months.

CBS Evening News reported a 60 percent increase in the use of Ritalin during the last few years, and described a parent organization which has formed as a result of pressure some schools are placing on parents.

Newsweek magazine (April 20, 1987) described the situation in the Atlanta area:

"Since January, Georgia's Composite State Board of Medical Examiners and the federal Drug Enforcement Administration have been investigating charges that children who might need nothing more than counseling are getting heavy doses of Ritalin instead.

"Drug officials became suspicious last summer when they noticed an inordinate amount of Ritalin coming into the state; Georgia was using nearly three times as much as New York. A ZIP code check of drug shipments showed that pharmacies in a few wealthy Atlanta suburbs accounted for 45 percent of the sales, leading some investigators to speculate that Ritalin was becoming a

quick fix for teachers intent on orderly classrooms and parents bent on academic achievement.

"In affluent areas, we've found school pressure to medicate kids with marginal behavior problems," says Andy Watry, executive director of the Board of Medical Examiners. "We're concerned we may be creating a bunch of little addicts."

"Attributed to everything from brain damage to low levels of sugar in the blood, hyperactivity is notoriously easy to misdiagnose. While Ritalin can be tremendously helpful for youngsters with ADD, it can have dangerous side effects, including insomnia, nervousness, weight loss and nausea.

"Experts believe an increasing number of non-ADD children around the country are receiving the drug — at great risk. 'If you medicate a normal child who is displaying reckless behavior or has a drop in grades, you might get them to be more compliant, but you've overlooked the real cause,' says Brian Conlan, who estimates that 10 percent of the children in his practice were misdiagnosed."



**NOTE ON MEDICATION:** Members are cautioned not to administer any medication without their physician's guidance. If your child is taking behavior-modifying medication, please do not discontinue it without first consulting your physician.

## Dear Pure Facts

### When should I begin the Feingold Program?

Generally, the sooner the better. If you begin during summer vacation or a long holiday, you may be able to get your child well enough established that by the time he/she returns to school, there will no longer be a behavior problem.

### My child is receiving counseling/remedial help/testing now. Can I combine the Feingold Program with one of these?

There is no reason why you cannot begin the Feingold Program while your child is receiving this help. He/she still needs to eat! Providing the "safest" possible food choices may well enhance the effectiveness of other techniques.

*Continued on page 6*



The following information is based upon an interview with David Walkup, Deputy Chief of the Drug Control Section, United States Drug Enforcement Administration.

## Ritalin Production Increases 60%

The production of Schedule II drugs in the United States is controlled by the Drug Enforcement Administration (DEA). This agency sets quotas which reflect the valid medical, scientific, and research use for each drug.

When the demand for a drug increases, manufacturers petition DEA to raise the quotas in order to meet that demand. For the past four to five years DEA has granted increases in the quota of methylphenidate (Ritalin), based upon documented increased sales.

Prior to 1982 the use of this drug was gradually declining. "We are not seeing a big increase in the abuse of the drug," Mr. Walkup told *Pure Facts*, "but we have seen a sizable increase in its use."

"What does this increase mean?" he posed the question, "Is the drug being more widely advertised or is it being more vigorously promoted? Most of all, does this sharp increase constitute good medical practice?"



## Ritalin's 'Top Five'

Which state would you guess has the nation's highest per capita consumption of the widely used drug Ritalin? New York? New Jersey? California? Actually, New York and New Jersey are way down near the bottom of the heap at 47th and 45th respectively. And California is 36th.

The U.S. Drug Enforcement Administration keeps records of the per capita Ritalin use in each state. The dubious honor goes to Utah with a consumption rate of greater than 2½ times the national mean.

The most recent tally, compiled in the 3rd quarter of 1986, gives second place to Maryland, followed by Michigan, Georgia and Minnesota. While Utah has consistently held the number one slot, other states which have been on and off the top five are: Iowa, Nebraska and Ohio.

## Drug 'Schedules' — a means for classifying abuse potential

*Dexedrine and Ritalin are listed as Schedule II drugs by the Drug Enforcement Administration (DEA).*

There are five categories under which a drug may be classified:

**Schedule I** — an illegal drug with no legitimate medical use.

**Schedule II** — has accepted medical use but has the highest potential for abuse, and may lead to a severe psychological or physical dependence.

**Schedule III** — similar to II, but the danger of abuse is less than a Schedule II drug.

**Schedule IV** — less danger of abuse than II or III. Cylert, a central nervous system stimulant sometimes used on hyperactive children, is in this category.

**Schedule V** — as with all drugs these have potential problems, but they offer the least danger of abuse.



## Behavior Modifying Medication — Some Comments from Professionals

"Various side effects have been reported with methylphenidate (Ritalin) treatment including insomnia, abdominal pain, adverse behavior changes, and an increased incidence of seizures. There is evidence of exacerbation of Gilles de la Tourette's syndrome in certain children while receiving the drug. . . . Probably the most well-known complications are the suppressive effects of methylphenidate on appetite and subsequent growth retardation as reviewed in 1979 by Roche and colleagues."

Lindsey K. Grossman, M.D., and Neil J. Grossman, M.D.  
*The Journal of Family Practice*  
Vol. 20, No. 3:302-304, 1985

"Stimulant medications, including methylphenidate, dextroamphetamine, and pemoline, may cause a variety of motor disturbances. . . . Stimulants have been reported to aggravate tics in Tourette's syndrome and to worsen motor dysfunction in tardive dyskinesia."

Charles D. Casat, M.D. and David C. Wilson III, M.D.  
*Journal of Clinical Psychiatry*  
47:44-45, 1986

"It is not known how frequently CNS (central nervous system) stimulants may unmask latent Gilles de la Tourette's syndrome (GTS) or worsen preex-

isting tics. GTS is a disorder of presumed neurological origin, characterized by the childhood onset of multiple involuntary motor and vocal tics. More than 50% of affected children also manifest the behavioral symptoms of attention deficit disorder (ADD), with or without hyperactivity."

Gerald Erenbert, M.D.; Robert P. Cruse, D.O.; and David Rothner, M.D.  
*Neurology*, 1985;35:1346-1348

"On a pragmatic basis, the diet works for some and doesn't work for others. Its basis is not understood. Similarly, on a pragmatic basis, methylphenidate works for some and doesn't work for others. Its basis is not understood, only hypothesized."

Ruth H. Aranow, Ph.D.  
Department of Chemistry  
The Johns Hopkins University  
from *Pure Facts*, Dec 86/Jan 87

## Bar-B-Q Time

This Stage I recipe is from the FAUS Conference held in Portland, Oregon in 1982. It's been a Feingold favorite ever since.

Place in a blender container:

- 1 clove garlic
- 1 small onion, quartered
- 2 Tablespoons salad oil
- ¼ cup water

Blend, then pour contents into a small saucepan. Simmer for 10 minutes, stirring occasionally. Remove from heat.

Add:

- 6 Tablespoons soy sauce
- 2 Tablespoons lemon juice
- 2 Tablespoons honey
- ½ teaspoon pepper

Place chicken pieces in a large dish and pour marinade over them. Refrigerate and allow to marinate for 3-4 hours (or more).

Cook on a grill 45 minutes to 1 hour, or bake at 375 degrees for about an hour. Baste occasionally.

This recipe makes enough to marinate two chickens.

*Carol O'Keefe  
Feingold Association of  
Roanoke Valley*

## Summer Delights

### Cool Down with Watermelon

Watermelon's wonderful . . . but what can you do with that big chunk in the refrigerator once it has passed its prime? Watermelon popsicles!

Cut out the red portion and discard the seeds. Whirl the melon in a blender and pour into popsicle molds. It always tastes fresh and good this way.



### Easiest Corn Ever

Before that wonderful fresh corn disappears from roadside stands, try Judie Frid's suggestion for the absolutely simplest corn on the cob.

What could be easier than boiling an ear of corn? Microwave it! No need to remove the husks, the silk, or anything.

Cook the corn — husk and all — for about two minutes per ear. Turn over and cook for about another one minute. (You may need to experiment with your oven to find the right amount of time.)

Allow the corn to stand for a minute; use oven mitts to protect your hands from steam as you remove the husks. The husk and silk will come off together easily.

## Salicylates in Pineapple?

Fresh pineapple contains considerable salicylate, according to the study of "Salicylates in Foods" published by Australian researchers Swain, Dutton and Truswell in the Journal of the American Dietetic Association. Three other studies of salicylates performed during the seventies also reported salicylate in fresh pineapple.

Much of the salicylate in pineapple is apparently "processed out" when it is canned or sold as canned juice. In the Australian products tested, fresh pineapple had 13 times as much salicylate as an equivalent amount of canned pineapple juice.

Most sensitive individuals should be able to tolerate canned pineapple. Frozen pineapple products were not tested. Fresh pineapple was found to contain about as much salicylate as oranges and strawberries; salicylate-sensitive individuals may need to consume fresh pineapple with caution.

**EDITOR'S NOTE:** These tests were done on Australian products and may not necessarily be representative of their American counterparts.

*Karen S. Garnett*

## Product Alert

Thanks to the Feingold Association of Southern California for alerting us to the change in Wendy's Frosty dessert.

This product was previously researched by our Product Information Committee, and found to be free of the unacceptable additives. It appears on the Conditional section of many foodlists.

The company now adds artificial flavoring to their Frosty, making it unacceptable for our use. Please remove this product from your foodlist and from the list of fast foods in the May issue of *Pure Facts*.

Families who wish to contact Wendy's can reach them at:

*Wendy's/Consumer Affairs  
P.O. Box 256  
Dublin, OH 43017  
(614) 764-3100*

The Feingold® Associations do not endorse, approve or assume responsibility for any product, brand, method or treatment. The presence (or absence) of a product on a Feingold foodlist, or the discussion of a method or treatment does not constitute approval (or disapproval). The foodlists are based primarily upon information supplied by manufacturers, and are not based upon independent testing.

Begin, from page 3

## How do I begin?

Let us help you begin. We have over a decade of the successful experience of thousands of families to draw upon.

The Foodlist, Handbook, and other material available from the Association enables most families to get results quickly.

And the Association's work is based upon Dr. Feingold's career which spanned more than 50 years as a pediatrician and allergist.

## Is it hard to stay on the Feingold Program?

Once you have been on it a few weeks, you will probably see the diet as mostly a matter of changing your shopping list — buying brand B instead of brand A.

If your child's behavior improves on the Program, it will be well worth the effort.

## What are the chances the Feingold Program will work for my child?

Dr. Feingold found that 60 to 70 percent of the parents of children he treated reported an improvement in the child's behavior as a result of the diet. (In most cases, families had tried many different kinds of therapy for their child, with little or no success.)

As our understanding about foods and the techniques of food processing has become more sophisticated, our success has further improved. The question is seldom "Does the diet help?" but rather "How much does it help?"

The behavior of the hyperactive child usually improves when parents carefully follow the Program. The issues which remain are: the degree of improvement which is seen, if other deficits will be helped, and whether there are additional sensitivities — or perhaps allergies — which compound the problem.



## Are there hyperactive children who are not helped by the Program?

Yes. Our volunteers sometimes hear, "I tried the Feingold diet but it didn't work." But when we ask questions we generally find the family attempted to use the Program without our help, by just reading food labels. Few people understand the problems of hidden additives and non-food products which can cause reactions (i.e., colored toothpaste, chewable vitamins, dyed medication, etc.)

For the parent who has the Association literature the most common reason for not using the Program is the lack of cooperation from other family members. Usually, it is another adult who balks, not the child.

## El Manual Feingold



The Feingold Handbook has been translated into Spanish and is now available from the Association.

It is the result of the work of many volunteers and local chapters, especially Vicky Ochoa Diaz and the Feingold Association of the Northeast.

The Spanish Handbook may be ordered by writing to FAUS at P.O. Box 6550, Alexandria, VA 22306. The cost of \$5 per copy (U.S. funds) includes postage.

## In Defense of Ritalin — One Doctor's View

Officials in Iowa have begun looking critically at the high Ritalin usage in the state.

A segment aired on Cedar Rapids 10:00 News in April described the issue affecting this midwestern city.

"The drug is methylphenidate, known by the brand name of Ritalin. It is classified in the same category as opium, morphine, and codeine.

"In 1983 the Board of Pharmacy Examiners did a survey of all methylphenidate prescriptions written in Iowa. It found nearly 22% were written in Cedar Rapids and the bulk of those came from child psychiatrist Hunter Comly.

"Comly says as many as 1 in 10 children could be helped by taking this medication. He says Ritalin is a safe drug. That it's non-addictive

"Ritalin can have side effects. Among them is slowed growth."

(Dr. Comly's response) "There are some kids who are going to be real little. And if they're adopted, you don't know how big they're going to be. So it causes a lot of concern. And if a child is not growing very fast and they are taking this medicine then the unfair assumption might be, 'Well, it's shrinking him,' or you know, it's holding him up — he won't grow. It does also tend to make them lose weight. Now, since we're the fattest people on earth, here in this country, that doesn't concern me as much as it does some parents."

(Interviewer) "School districts have been accused of pushing the drug — of telling parents of active children to find a doctor who will prescribe Ritalin, so the child will stop disrupting class."

(Dr. Comly) "If it helps the teacher a lot, well, what's wrong with that? Teachers are underpaid, overworked ... believe me they are!"

## Pure Facts

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