

Pure Facts

Newsletter of the Feingold® Associations of the United States



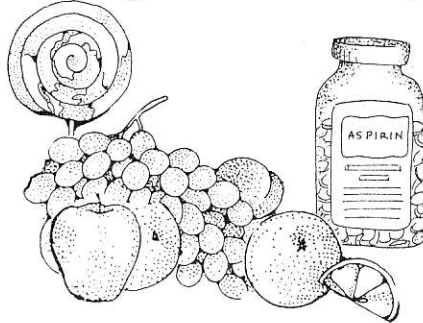
February 1988

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What is a Salicylate-free Diet?

The most puzzling part of the Feingold Program — salicylates — appear to be capable of causing serious symptoms.

In his book, Why Your Child Is Hyperactive, Dr. Feingold described his early work with aspirin-sensitive patients at the Allergy Clinic of the Kaiser-Permanente Medical Center.



“The substance known chemically as acetylsalicylic acid is nonprescription medicine’s chief do-it-all. Since the medication is used not only as pure aspirin but in many other over-the-counter products for cold relief, headache and arthritis, adverse reactions are common. It appears to have a slowly building, accumulative effect, finally exploding into full-blown intolerance.

“DESPITE THE WIDESPREAD USE OF ASPIRIN, dating back to 1899, medical science is just beginning to understand the mystery of how it works, but it may be years before the exact pharmacological mechanism is known.

“Very early in the aspirin studies, we learned from a report by Dr. W.B. Shelly, in the *Journal of the American Medical Association*, that a number of foods contain a natural salicylate radical which is not necessarily identical with aspirin but is closely allied in basic structure. These common foods have the potential to induce the same type of adverse reaction caused by the manufactured aspirin.”

DR. FEINGOLD WENT BACK TO STUDIES CONDUCTED IN GERMANY to determine which foods contained naturally-occurring salicylates.

He also learned that some of the chemicals commonly used in synthetic flavorings contain a salicylate radical. These flavorings were then removed from the “salicylate-free” diet.

“Despite the exclusion of aspirin as well as all foods containing the natural salicylates and those with a synthetic salicylate radical, we were still unsuccessful with a number of patients who had confirmed aspirin-sensitivity. It was puzzling.

“Then reports by clinical investigators began appearing in medical literature with indications that tartrazine — FD&C ‘Yellow 5’ — could cause reactions in aspirin-sensitive patients. . . . I also reported the same finding from San Francisco, and we discovered the reverse was true, too: aspirin could produce adverse reactions in patients sensitive to Yellow 5. Yet, most important, aspirin and tartrazine are not structurally related.

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Consumers Win Victory on Two Dyes

Judicial victory strengthens public safety policies on other additives.

Reprinted from Health Letter, published by Public Citizen Health Research Group.

In December 1984, Public Citizen Health Research Group petitioned the Food and Drug Administration (FDA) to ban 10 color additives because of serious safety problems including the risk of cancer.

In a major setback for the Reagan administration . . . the federal court of appeals in Washington, D.C., has handed consumers an important victory by ruling that the Food and Drug Administration violated the law when it approved two color additives (Orange No. 17 and Red No. 19) that cause cancer in animals.

The Court unanimously held that the FDA must abide by the Delaney Clause, which prohibits the agency from approving food additives that it has determined are animal carcinogens.

The Delaney Clause is the nation’s most famous public health law, and the Reagan administration targeted it for extinction shortly after President Reagan took office in January 1981.

Almost immediately, the food industry, with the administration’s

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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 Salicylates

Salicylate Survey — Feingold Members Report

Last year Pure Facts contained a survey directed at members who have found they are sensitive to salicylates. The information was evaluated by Preston Edwards, M.D., who is chairman of the Feingold Adults Committee.

Dr. Edwards notes that the publication of the Australian study, "Salicylates in Foods" (*Journal of the American Dietetic Association*, Vol 85, No 8, Aug 85) raised questions about the foods on Dr. Feingold's original list of salicylates.

A total of 121 Feingold members responded. There were a large number of "unsure" responders due to the fact that some people are very reluctant to add foods back after they note an improvement in their health, and others had not been on the diet long enough to get around to adding things back in.

The following list indicates which foods were identified as causing reactions, and the percent of members reporting intolerance.

Grapes	93%
Raisins	88%
Berries	87%
Almonds	83%
Apples	83%
Oranges	83%
Tomatoes	81%
Plums (prunes)	78%
Cherries	77%
Tangerines	75%
Tea	69%
Nectarines	66%
Cucumber	65%
Peaches	65%
Green Pepper	57%
*Dates	30%
*Peanuts	19%
*Pineapple	16%
*Grapefruit	15%
*Cantaloupe	14%

**These foods are not on the list of salicylates to be eliminated during Stage One of the Feingold Program.*

Some respondents are able to tolerate blueberries and cranberries. Opinions vary on whether or not these contain salicylates.

Of 41 people who react to oranges, and are *sure* about their reaction to nectarines and tangerines: 32 said they react to nectarines and 38 report reactions to tangerines.

78 members reported they react to grapes and are *sure* about their reaction to raisins. Of those responding, 76 of them say they cannot tolerate raisins.

The Question of Subjectivity

There are many known medical studies which prove that people are easily suggestible; and it is unlikely that Feingold members are any different. If it is strongly suggested to someone that their child is likely to react to a certain food, then they are going to look for and expect to see something. This is human nature and will not be likely to change, but an attempt was made to design the survey in such a way that this kind of subjectivity would be minimized.

At the top of the survey we asked each person to describe a typical reaction to salicylates. We later asked them to report whether or not they had a *typical* reaction to the foods listed above.

The Ages Represented

The largest number of subjects in this survey were children between the ages of 5 and 9 years. The second largest group were ages 10 to 14. There was substantial representation from members over age 30.

The Australian Study

There are a few conflicting reports which arose from the Australian study.

For example, cantaloupe tested out with 1.5 mg/100 gm, which was the equivalent of some berries. But the reaction rate among our members was low.

Dates are very high in salicylates — 3.73 mg/100 gm, but again the rate of reaction was lower than the foods

listed by Dr. Feingold as salicylates. Dates did, however, cause more reactions than other foods considered to be non-salicylates.

Cucumbers tested out with a low 0.65mg/100 gm, but the rate of reaction among members is high.

Tea contains considerable salicylate (2-6 mg/100 gm) but causes reactions in fewer people than do other salicylates.

How Long Does a Reaction Last

The length of time a salicylate reaction lasts varies greatly, but most people see a reaction within 4 hours, and lasting for 24 to 48 hours. Dr. Edwards reports, "I did not attempt to correlate ages with length of reaction as it is well accepted that metabolism slows down as we age."

Family History

The salicylate-sensitive individual is likely to come from a family with related problems. More than half of the respondents knew that other family members were salicylate-sensitive. Just under half reported a family history of asthma, and smaller percentages noted nasal polyps and urticaria.

In Conclusion

1. There is ample evidence to support continued inclusion of all salicylates as originally proposed by Dr. Feingold.

2. Salicylates are an integral part of the diet for both children and adults. They must be eliminated at the start of the diet and then reintroduced one by one to rule out salicylate or allergic reaction.

3. The questions raised by the Australian study should not cause any change in the Stage One list of salicylates.

Those who are extremely salicylate sensitive may want to be cautious about using dates, fresh pineapple, water chestnuts, honey, licorice and peppermint, as well as some spices.

*Preston Edwards, M.D.
Chairman, Feingold Adults*

Stage One . . . Coping with the Tomato-less Times

The first weeks of the Feingold diet — the removal of foods believed to be high in naturally occurring salicylates — is the least popular part of the program. Most people can accept pear pie in place of apple, pineapple juice instead of orange, and can substitute other nuts for the almonds. But tomatoes?

Take heart, there *is* a pizza in your future. You need only overcome your skepticism that some unlikely vegetables can ever be a successful stand-in for the ubiquitous tomato.

As Feingold PATH of Illinois put it, "It sounds awful, but really ends up looking, smelling, and tasting like genuine tomato sauce."

There are several variations on this theme, and all of them depend on carrots and beets for the bulk of the sauce. Lemon juice or vinegar gives the acidity, and it is this acidity — not the taste of the vegetable — which is the key to replacing the tomato in spaghetti or pizza sauce.

Roanoke Valley Spaghetti Sauce

Place in a blender container and blend till smooth:

- 1 clove garlic
- 1 onion
- ½ teaspoon pepper
- ⅓ cup tamari (soy sauce)
- ½ cup white vinegar

Add and blend in:

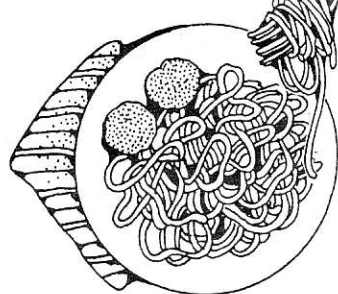
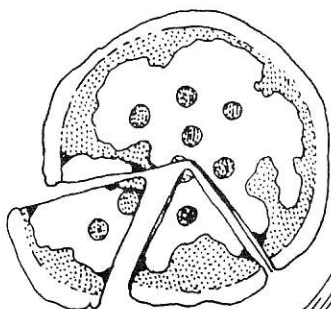
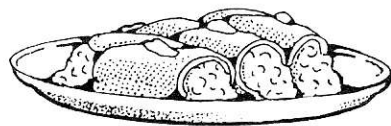
- 1 can (15 oz.) beets, undrained
- 1 can (15 oz.) carrots or 2 jars junior carrots (baby food)
- 1 teaspoon parsley
- 1½ teaspoons oregano
- 1 big bay leaf
- 1 teaspoon rosemary (optional)

Saute 1 pound ground beef and 1 pound sausage (or 2 pounds ground beef). Cook until just brown. Stir in the sauce. Add 1 to 3 heaping Tablespoons parmesan cheese.

Cook for 2 hours, uncovered, adding water when necessary to keep the sauce from thickening too quickly. It may cook additional hours on low heat until thick.

Serve hot over spaghetti, with additional parmesan cheese.

This can be used as a sauce for lasagne; add to beans for "chili"; use as a pizza topping; or mix with twist macaroni (3-4 cups sauce tossed with 8 ounces cooked macaroni).



PATH of Illinois Tomato-less Sauce

- 1 1-pound can beets, drained
- 2 1-pound cans carrots, drained
- 2 Tablespoons lemon juice
- 1 cup water (more or less, depending on how thick you like it)
- 1 teaspoon salt
- onion or garlic

Blend all ingredients in your blender. Season the way you would a spaghetti or pizza sauce. This may be made in large batches and frozen in meal-sized or individual portions.

Un-tomato Pizza

Let your family taste this before you disclose your secret. They may not realize they aren't eating tomatoes:

Crust:

- 2 Tablespoons dry yeast
- 1 cup warm water* (110-115 degrees F.)
- ⅓ cup oil
- 3 cups unbleached flour
- 1 Tablespoon sugar
- 1½ teaspoons salt

Sprinkle yeast onto warm water; leave for 5 to 10 minutes. Combine dry ingredients. Add oil to yeast/water combination. Gradually blend liquid into the flour mixture. Knead a few times. Return the dough to the mixing bowl; grease the top with oil; cover and let rise about 1 hour. As crust is rising, prepare sauce.

**If you're not used to working with yeast, a candy thermometer really helps you to have the water at the correct temperature.*

Sauce:

- 1 Tablespoon butter or oil
- 1 medium onion, chopped
- 1 stalk celery, chopped
- 1 7½-oz. jar junior food carrots
- 2 4½-oz jars baby food beets
- ⅓ cup Heinz white vinegar
- ½ teaspoon oregano
- ¼ teaspoon garlic powder
- 1 teaspoon sweet basil flakes
- ½ teaspoon sugar

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In a large pan, saute celery and onions in butter or oil; remove from pan. Add remaining ingredients, blend and simmer to combine flavors. Add the sauteed celery and onions.

Pizza:

Cook desired toppings, such as sausage, onions, hamburger, mushrooms, bacon, etc.

After dough has risen, preheat oven to 425 degrees F. and oil 2 pizza pans or baking sheets.

Divide dough in half and roll or press with palms of hand to form the crust.

Oil the top of the crust to prevent the sauce from soaking in.

Spread the dough with Un-tomato Sauce.

Add toppings and sprinkle with mozzarella cheese.

Bake until crust is light golden brown.

Cook's notes

A Feingold member writes about her experience in preparing sauces without tomatoes:

"I've been making Un-tomato Sauce for several months now and discovered that fresh squeezed lemon juice tastes fresher and more tomato-y than vinegar.

"How much to add? It depends on the size of the lemon — start with one for 2 cups of sauce, and keep adding till it tastes like tomato.

"If I find my spaghetti sauce is too watery or not sticking to the pasta as well as tomato, I add a little corn starch or flour and simmer it briefly.

"Some recipes will cause the spaghetti to turn a tell-tale pink, but you can avoid this by not mixing the sauce with the pasta beforehand. Serve spaghetti on each person's plate, and put the sauce on each serving. And, of course, you can always dim the lights!"

*Shula Edelkind
Decatur, GA*

How Important Are Salicylates?

The Feingold mom was enthusiastic about the improvement in her little boy. No, she had not removed any salicylates, but his behavior was 100% better, she told the other women, as they made the three-hour trip home. She didn't even seem to notice that her son talked continuously for the entire trip.

It is difficult for people to accept the fact that a wholesome food can cause behavior, learning, or health problems as severe as those caused by additives. But salicylates are an important part of the Feingold Program, particularly in the beginning when one is likely to be the most sensitive.

Stage One of the foodlist allows you to see the best response as quickly as possible. After you have enjoyed 4 to 6 weeks of success on this stage, you will be better able to determine if salicylates are a problem, which ones, and what symptoms they provoke.

Don't be discouraged if you find sensitivity to a salicylate. This doesn't necessarily mean all of

them will be a problem. And even if your child is sensitive to all salicylates, he may be able to add them back later. By staying on Stage One when he is young, your child might be able to pour on the ketchup when he's older and such things become very important.

Even members who are salicylate sensitive can often eat them if they don't overdo it. But without the baseline period provided by Stage One, you will probably have a hard time pinning down just which food or foods are causing problems.

Re-read the salicylate information in the *Feingold Handbook*, and give yourself that Stage One period to test for sensitivities. You may find you can bring that 100% improvement up to 200%!

Salicylates in Herbs

Many adult Feingolders who are salicylate sensitive choose an herbal tea to replace coffee or tea. Others may seek out herbal remedies.

If you believe you are salicylate sensitive, be very cautious about using herbs and spices. Our knowledge of the salicylate level of most herbs and spices is incomplete. Some of our sources are quite old, and our newer sources are not very detailed about unusual herbs. Using any herb regularly could lead to a cumulative reaction whose source might be difficult to identify.

For example, both Klein (*Handbuch der Pflanzenanalyse*, 1932) and Swain, Dutton and Truswell (*JADA* 85, pp. 950-960) report that the Ger-

man herb Camomile, a common medicinal herb and herbal tea, contains salicylate.

These sources also list a number of other herbs and spices which may contain considerable levels of salicylate: aniseed powder, canella powder, ground cinnamon, cumin, mace, mustard, rosemary, sage, thyme, rose hips, aloe vera, yucca, black cohosh, sweet acacia, Tinnevely Senna, Indian Senna, buchu, rue, Senega Snakeroot, European Seneka, White Ipecacuanha (source of Ipecac), oil of cloves, wintergreen, penny royal, woodbine, milfoil, and gray goldenrod.

Karen S. Garnett

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.

"ON THE BASIS OF THE TARTRAZINE DISCOVERIES, I expanded the salicylate-free diet to include all foods as well as drugs that contain the ubiquitous yellow dye.

"Then an observation by two London pharmacologists, Drs. John Vane and Sergio Ferreira, came to my attention." Vane and Ferreira found that "compounds with no structural relationship to aspirin could produce reactions in individuals sensitive to this drug.

"I then theorized that among several thousand synthetic chemicals in the food supply, there could be other substances potentially harmful to these particular patients. Though the compounds would in no way resemble aspirin, the chemicals had the ability to cross-react.

Gradually, the connection between aspirin and synthetic additives became apparent.

"ON THE BASIS OF THIS HYPOTHESIS, I REDESIGNED THE DIET ONCE AGAIN to include all foods and all drugs that were artificially dyed; all foods and all drugs that were artificially flavored, as well as those containing nature's salicylates. . . . From that point on, although the responses were not 100 percent on each occasion . . . we were overwhelmingly successful in patient management."

FAUS Conference '88



Salicylate Sensitivity

For most Feingolders a salicylate reaction can be uncomfortable or very annoying; for Bonnie Volk it can be life-threatening.

"My sister told me several years ago the Feingold diet would help Bonnie's behavior and school performance," Judy Volk told *Pure Facts*, "but I wasn't ready to make the effort."

"Then when she was 11, Bonnie had a severe reaction to one Bufferin, and the allergist told us to remove all salicylates. He said one bite of the wrong food could be fatal for Bonnie."



Bonnie Volk

She is 13 now, and Bonnie finds that she can do a small amount of experimenting, but the reaction is still bad enough that she doesn't

have much incentive to go off the diet.

Judy bought her daughter a medical bracelet, with instructions inside in case Bonnie should have a reaction and need medical care. This has been a big help in gaining understanding and acceptance from those around her. (Medical bracelets can be purchased at drug and jewelry stores.)

As a result of Bonnie's success with the diet, their pediatrician in Massachusetts became very interested in the work of the association. The Volks now live in Connecticut (Bridgeport area) and Judy has volunteered to help families who want to use the diet. "It saved our family, and I'm glad to help others," Judy told *Pure Facts*.

Dear FAUS

"I'm happy to tell you my 4-year-old son's behavior has improved remarkably since receiving the approved Food List. He no longer gets dark circles under his eyes, and the bed-wetting has greatly improved. We have met with complete disaster every time we try to progress to Stage Two, so we're planning not to rock the boat and just be happy with Stage One foods."

Burnsville, NC

"My teen-age daughter has been on the diet since she was very little, and she can now eat all of the salicylates. I'm the one who still has the sensitivity. A slice or two of tomato is fine, but if I overdo it, I begin to bleed internally."

Owings Mills, MD

"My wife and I are vegetarians. Both our boys appear to be exceptionally healthy, but lately we have become very concerned about our oldest, Christopher (age 2½).

"He's always been high-spirited, but at this point we recognize what there's no denying. He's hyperactive; we can scarcely control him better than half the time. We love him so much, it really hurts to have to be negative with him when he gets crazy, but he often breaks things wantonly, or even hurts his brother.

"Sometimes (a little more each week) he gets so excited and crazy he literally throws himself down and smashes his face on the floor until he's got a nosebleed or a black eye (or both).

"We've been very careful to avoid artificial flavors, colors, refined sugars and preservatives . . . but we've always relied heavily on fruit and fruit juices. In fact, I could probably say that Christopher's diet is based on them.

"It's going to be difficult for us to do this [remove salicylates] but if it will help Christopher it will be well worth the sacrifice."

Cincinnati, OH

The decision is expected to have a broad impact on the regulation of animal carcinogens at the FDA.

support, proposed legislation which would have repealed the Delaney Clause. When Congress refused, the FDA adopted its de minimis policy, which loosely translated meant that the government could ignore the Delaney Clause if it concluded that the risk of cancer was very small. The Court held that this de minimis interpretation was illegal.

The decision is expected to have a broad impact on the regulation of animal carcinogens at the Food and Drug Administration. In addition to the two color additives at issue in this case, the decision is likely to result in a ban of five other dyes,

including the widely-used food dye Red No. 3. It may also lead to a ban on methylene chloride, a food additive used to decaffeinate coffee.

Finally, and perhaps most important, it will close the door on the FDA's ability to approve color additives and food additives in the future if those substances cause cancer in animals.

As Judge Williams noted in his opinion, Congress adopted the Delaney Clause in 1960 because it was "truly alarmed about the risks of cancer" and because it "perceived color additives as lacking any great value." While the FDA may be correct that the risk of a single individual of getting cancer from a single dye is small, the Delaney Clause recognizes that small risks add up and that as a public policy matter our society should not accept any additional cancers where the benefits of a substance are very small or nonexistent.

FDA Gives Approval for Blue Dye

Based upon studies of the synthetic dye FD&C Blue No. 2, the Food and Drug Administration has concluded that it does not appear to cause cancer in animals. The agency has "permanently listed" this dye for use in foods, drugs and cosmetics.

Food uses include: candy, frozen dairy desserts, coffee and teas, confections, and bakery goods.

Blue No. 2 is permitted in cosmetics, but FDA regulations prohibit the use of "coal tar dyes" in the area near the eyes.

The dye is manufactured through a chemical process which includes: formaldehyde, aniline, several hydrazides under ammonia pressure, and heating in the presence of sulfuric acid.

As with the other FD&C dyes, each batch of Blue No. 2 must be certified to ensure it does not exceed the prescribed limit for impurities. Most of the impurities are in the form of salts and acids, but others include:

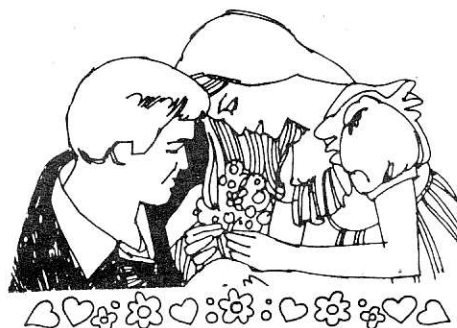
- lead — not more than 10 parts per million;
- arsenic — not more than 3 parts per million; and
- mercury — not more than 1 part per million. As a total proportion, the coloring must be no less than 85 percent.

Editor's note: *The testing of Blue No. 2, as well as the testing of other food additives, raises some serious questions. The blue dye was tested singly, not in combination with other additives. The tests were carried out on animals (since clinical testing with humans is not required for additives as it is for drugs). The manufacturer of the dye is responsible for hiring and paying the laboratory which conducts the testing. (The FDA reviews the procedures.) Food additives are not required to be tested for possible behavioral or learning effects.*

Vocational Education for LD Students

"While the road from school to employment is often 'bumpy' for young people between the ages of 16 and 22, it has proven particularly difficult for those with disabilities. It is imperative for parents, teachers, and other professionals to work closely in the process of planning high school courses, vocational education programs, and job training experience to ensure that young people with disabilities are well prepared to enter the workforce or to pursue further education."

This is a segment from the current issue of News Digest, published by National Information Center for Handicapped Children and Youth. A free subscription to News Digest is available by writing NICHCY, Box 1492, Washington, DC 20013. The issue dealing with vocational education for handicapped children is Number 8, 1987.



Pure Facts

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