

# Pure Facts

Newsletter of the Feingold® Associations of the United States



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## Hyperactivity and Physical Symptoms

Several new studies confirm a greater incidence of physical complaints in ADDH children (compared to non-ADDH children), but some of the studies question sleep differences.

The following information is taken from articles published in the *Journal of Developmental and Behavioral Pediatrics*, December 1987, Volume 8 / Number 6., and *Pediatrics*, the journal of the American Academy of Pediatrics (Vol. 80 No. 6 December 1987).

parents of the ADDH children reported a greater incidence of these physical problems. (None of the children in the study were taking stimulant medication.)

In a later study, bad breath was added as a symptom. Not only was this symptom frequently reported by the parents of the ADDH children, but the researchers believed it could be a more objective way to detect stomach dysfunction.

***"It is possible that the behavioral problems of ADDH children are directly caused by adverse reactions to food or any other substance."***

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## Physical Signs and Symptoms in Preschool-Age Hyperactive and Normal Children

Parents of children with ADDH (attention deficit disorder with hyperactivity) consistently report their child has more physical complaints than do parents of non-ADDH children. A series of studies which examined this concept found clear evidence for some symptoms, but did not substantiate others.

Kaplan et al conducted a group of three studies on preschool-age children, most of whom were males.

The ADDH children were identified by using the DSM III scale — Diagnostic and Statistical Manual of Mental Disorders, edition 3. It is used by the medical profession to diagnose hyperactivity and attention deficit disorder.

Parents were asked to note if their child experienced any of the following symptoms: skin rashes and red cheeks, stomach bloating and cramps, leg cramps, stuffy, runny nose, headaches. As the researchers anticipated, the

## Arts & Crafts & Problems

Chemicals commonly found in art supplies have been identified as potential hazards, particularly for young children.

The fumes and dye from permanent markers (the kind that smell so strong) are known irritants for Feingold members. Solvents used in the markers, and in such products as turpentine and rubber cement, are believed to be capable



of causing a wide variety of disorders in susceptible individuals.

Toluene is the chemical in glue which gives the narcotic effect from sniffing its fumes. It is likely that other chemicals found in various art supplies are also capable of causing behavioral changes.

The U.S. Public Interest Research Group (PIRG) has spearheaded a drive

to require labeling on art supplies and to restrict their use — particularly by young children. PIRG is a network of non-profit, nonpartisan consumer lobbying agencies.

Attorney Pamela Gilbert told *Pure Facts* of the success the agency has had in alerting Washington area school administrators to the potential hazards. An amendment to upcoming legislation would require comprehensive warning labels on all art and craft supplies which pose chronic hazards.

Some of the examples of toxic substances in art products are:

**Solvents** (found in rubber cement, turpentine, permanent markers -- believed to contribute to nerve damage, internal organ damage, skin disease)

**Lead** (clays, glazes — connected with neuromuscular damage, internal organ damage, anemia, sterility, birth

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## Hyperactivity, from page 1

Headaches and ear infections showed up infrequently on the logs kept by both sets of parents.

The ADHD children had a greater incidence of all of the other complaints and experienced significantly more illness in general. During a two week period in which parent's logs were evaluated, the 25 ADHD children received a total of 49 administrations of medicine for illness. The 27 non-ADHD children received only 19.

Symptoms which showed the most dramatic prevalence in the ADHD children were bad breath, a stuffy nose — even when the child did not show other signs of having a cold — and skin problems (rash, red cheeks, dry skin).

A study by Hartsough and Lambert (1985) reported a greater incidence of these chronic health problems in ADHD children: allergies, asthma, and recurring nose or throat infections.

Tryphonas, Trites and Ferguson had earlier reported a greater than average problem of food allergies in hyperactive and learning disabled children.

The authors conclude, "It is possible that the behavioral problems of ADHD children are directly caused by adverse reactions to food or any other substance."

## Sleep Disturbance in Preschool-Aged Hyperactive and Nonhyperactive Children

In this set of studies, the difference between ADHD and non-ADHD children was less marked; they appear to receive approximately equal amounts of sleep during a 24 hour period. These findings came as quite a surprise to the researchers.

Not only do parents of hyperactive children typically cite sleep problems, but this is one of the criteria in the DSM III used by professionals who diagnose ADHD.

Sleep disorders are also found on two major checklists used to identify ADD and hyperactivity.

The research indicates that while the hyperactive children in the studies appeared to receive as many hours of sleep as the control group, they gave their parents more trouble in taking naps, going to bed, and waking during the night.

They tended to nap for a shorter time and then make up for it during the night.

One of the limitations of the study was that it relied on parental records which were kept during the hours the parents were awake. A child who was awake during the night, but did not awaken his parents, would have been listed as sleeping.

The researchers note that the parent of a hyperactive child is likely to be exhausted by evening, and will have less patience in dealing with bedtime resistance. This could affect a parent's per-

ception of the amount of sleep the child receives.

The researchers are:

**Bonnie J. Kaplan, Ph.D.**, Department of Pediatrics and Psychology, University of Calgary and Alberta Children's Hospital Research Centre

**Jane McNicol, R.D.**, Department of Dietetics, Alberta Children's Hospital

**Richard A. Conte, Ph.D.**, The Learning Centre, and Department of Psychology, University of Calgary.

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## Emergency!

A week ago our 5 year old son ran into a storm door and ended up with glass lodged in his chest and temple.

We took Kyle to an emergency clinic where the doctor did what he could, and then transferred him to the hospital by ambulance. The doctor in the hospital's emergency room worked on him for several hours, then sent him to surgery to remove the rest of the glass. (A piece had lodged between his heart and left lung.)



**Kyle Medlam**

After surgery he had I.V.'s in his arm and a tube in his chest. Through this whole ordeal in two emergency rooms with doctors sticking needles into him and sewing up the wounds he was very calm. We were with him the entire time until surgery and no one could believe how brave and calm he was. In fact, Kyle took the whole thing much better than Mom and Dad did!

He had never been in the hospital before so this was a whole new experience, and we know that he never

would have been so calm if he had not been on the Feingold Program.

After the surgery the doctors and nurses were interested in the diet and tried to be helpful, although none of them knew anything about it.

Our worst experience was with the dietitian, who was very skeptical and not at all helpful. After staying at the hospital all night, I had to drive home and prepare his food, and then drive back (40 miles round trip). Once he was on a regular diet they were able to fix him oatmeal, egg, banana and juice for breakfast.

*...no one could believe how calm he was.*

It's a stressful experience having a child in the hospital without adding to these problems. And when he has to be kept in bed and quiet, hooked up to tubes, you don't want him reacting to the wrong foods.

Today we returned to the doctor to have the stitches removed (there were quite a few). Kyle just lay there and let the doctor remove all of those stitches without even a squeak. It could have been a much more unpleasant experience if we had an uncontrollable child on our hands.

As you can tell, we're very proud of our son, and grateful for the Feingold diet.

*Teresa Medlam  
Wichita, KS*

## Inactive Ingredients and Active Children

The couple carefully examined the package of children's vitamins, but could find no indication that it contained synthetic dyes.

They arrived home, opened the package, and poured out brightly colored pills. Then they called the Feingold Association.

The vitamin manufacturer is not obligated to indicate the presence of synthetic dyes since they are considered to be "inactive" ingredients.

"Inactive", "non-toxic", and "harmless" are adjectives which frequently precede the words dye, or food coloring. But Feingold parents know only too well

the damaging effects of these petroleum derivatives. The role of inactive ingredients was investigated by the **American Academy of Pediatrics Committee on Drugs**; and in October, 1985 the results were published in the academy's journal, *Pediatrics*.

The committee investigated a variety of additives, including synthetic dyes. Their findings on the dyes are summarized in the accompanying table.

Dye	Effect
Amaranth (FD&C Red NO. 2)	Angioedema, urticaria, pruritus Urticaria, unspecified subjective symptoms Bronchoconstriction (combined with ponceau, Sunset Yellow)
Erythrosine (FD&C Red No. 3)	Bronchoconstriction (combined with Brilliant Blue, Indigo Carmine) Sequential vascular response, unspecified symptoms Elevation of protein-bound iodide
Ponceau (FD&C Red No. 4)	Bronchoconstriction (combined with amaranth, Sunset Yellow) Anaphylactoid reaction (combined with Sunset Yellow) Chest heaviness
New cocine	Urticaria, unspecified subjective symptoms Purpura
Neutral Red	Contact dermatitis
Sunset Yellow (FD&C Yellow No. 6)	Urticaria, rhinitis, nasal congestion Bronchoconstriction (combined with amaranth, ponceau) Anaphylactoid reaction (combined with ponceau) Eosinophilotactic response Purpura Abdominal pain, vomiting, indigestion, distaste for food
D&C Yellow No. 11	Contact dermatitis
Quinoline Yellow	Contact dermatitis
Brilliant Blue (FD&C Blue No. 1)	Bronchoconstriction (combined with erythrosine, Indigo Carmine) Eosinophilotactic response
Indigo Carmine (FD&C Blue No. 2)	Bronchoconstriction (combined with Brilliant Blue, erythrosine)
Evans Blue (C.I. Direct Blue 53)	Dermatitis
Patent Blue	Unspecified subjective symptoms Purpura Dermatitis
Methyl Blue (C.I. Acid Blue 93)	Wheezing, dyspnea
Gentian Violet (C.I. Basic Violet 3)	Contact dermatitis

## Dear Pure Facts

**Q:** How can I find out the ingredients in medicine?

**A:** There are several ways you can learn about the ingredients in medicine.

1. Speak to your pharmacist; if he does not readily have this information he should be able to obtain it for you.

2. Similarly, your doctor can check his *Physician's Desk Reference (PDR)*, or ask the pharmaceutical company's representative to get the information.

3. Your local library should have a copy of the *PDR*, and they may also have the *Nurse's Desk Reference*. The *PDR* can provide the name of the manufacturer of each medication, and a phone number to call. Most pharmaceutical companies will try to assist you.

## Product Update

The following medications have been discontinued and should be deleted from your Medication List:

- \*All products preceded by the letters "SK" have been discontinued.
- \*Theophyl 225 mg (anti-asthma)
- \*Ilotycin Ointment #90 (antibiotics, antifungal)
- \*Quaalude (listed under "miscellaneous")

## Product Alert

**Sorbee Gummy Bears** now contain artificial (synthetic) colors and artificial flavors. Remove these candies from your foodlist. The Sorbee lollipops and hard candies are still acceptable for use by Feingold members.

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.



## Implications of the Studies

### Editorial Comments

The Kaplan studies demonstrate that the differences between the ADHD and non-ADHD child are clearly measurable and not due to psychological factors. Anecdotal data on the part of professionals and parent observers have a high degree of reliability; they can be supported by objective data.

The physical symptoms, increased illness, and differences in sleep patterns cannot be attributed to "placebo effect", "parental attention", "nervous mother", or "he's all boy".

It follows, then, that if parents of ADHD children are a reliable source of information about their child's problems, they would be good judges of physical and behavioral improvements.

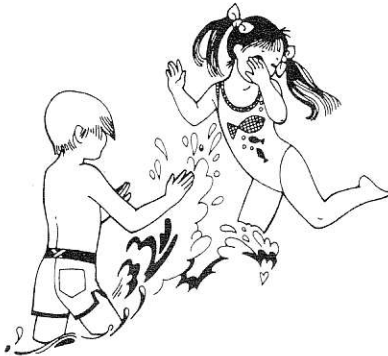
The majority of parents who carefully follow the information provided by the Feingold Association report clear changes in their ADHD child. Generally, these changes are both physical and behavioral, and they are frequently dramatic.

Feingold parents could recommend additional considerations for future studies:

- Using the same types of objective criteria employed in the Kaplan studies, test children before and after using the Feingold Program.
- In designing such a study, use the *Foodlist*, *Handbook*, and other information provided by the Feingold Association.
- Consider eliminating the listing of symptoms such as headaches, leg cramps and stomach cramps. Children as young as ages 3 - 6 may be unable to verbalize about these symptoms.
- Increase the number of ADHD children studied and possibly eliminate the control group of non-ADHD children. A larger sample might uncover a greater percentage of hyperactive children who exhibit: chronic ear infections, bedwetting and sleep disorders.
- Conduct a study where children are selected on the basis of physical complaints, not behavioral ones. Then use a 4 to 6 week trial of the Stage I Feingold Program (non-salicylate). Not all chemically-sensitive children have behavior problems.

In 1973 Dr. Feingold called upon the academic community to conduct the research which would test his clinical findings. This year marks the 15th anniversary of his challenge, and we still await a controlled scientific study of the Feingold Program.

The Kaplan studies are important steps toward this goal. They view anecdotal data as a useful resource, not a dirty word. And they affirm that parents frequently know a great deal about their children.



## The Feingold Gourmet

Have you even tried to make your own ice cream cones? This is the sort of extreme to which Feingold moms were driven back in the 1970's. (Those were the days when chocolate chips started with a bar of Baker's sweet chocolate and a large knife.)

You don't have to make your own ice cream cones today, but if you did, you'd be glad to know there's a kit for making them in a microwave oven! The cost is \$14.95 + \$3.60 shipping. It can be ordered from The Wooden Spoon, Route 6, P.O. Box 852, Mahopac, NY 10541.

## Pure Facts

*Pure Facts* is published ten times a year and is provided to members of the Feingold Association. It is also available through subscription. Rates are: \$12 per annum in the U.S., Canada and Mexico; \$16 elsewhere (payable in U.S. currency).

For further information write to: Feingold Association of the United States, Inc., P.O. Box 6550, Alexandria, VA 22306. (703) 768-FAUS.

### Arts & Crafts, from page 1

defects) [Lead is also associated with hyperactivity and retardation.]

**Asbestos** (clays — associated with lung cancer, mesothelioma, asbestosis)

Feingold members can reduce hazards for both themselves and their children by taking some precautions.

Watercolor and liquid tempera paints are preferable to powders (which could be inhaled) or to oil based paints.

Aerosol spray paints are best used outdoors. For some art projects consider spatter painting with a toothbrush, tongue depressor and tempera.

If it is necessary to use rubber cement be sure the area is very well ventilated and limit exposure as much as possible. A new product, called "Glu-Tube" (by Mark-Tex Corp.) is a ball-tipped tube of the adhesive which works well, and limits your exposure to the fumes.

Powdered clays can be replaced with the safer wet clays. In a powdered form clay contains minute particles of silica and asbestos, which can be inhaled.

For additional details on safer art supplies, contact PIRG, 215 Pennsylvania Avenue S.E., Washington, DC 20003. (202) 546-9707.

## Natural Water Colors and Crayons?

Maybe! A company called **Livos PlantChemistry** advertises a variety of products such as stains, adhesives, cleaners, paints and art materials that "consist of the highest quality natural ingredients."

Their children's water colors and crayons are subtle shades made from "plant concentrates" and "all-organic binders and other ingredients derived from nature." They guarantee that all products are organic, non-toxic, lead-free and do not contain petroleum distillates or chemical dryers.

We cannot say whether or not your finger-painter will react to even natural paint or that he or she will be happy with the pale shades. But it is nice to know that some companies are trying.

Contact them if you would like a catalog: **Livos PlantChemistry**, 614 Agua Fria Street, Santa Fe, NM 87501 (505) 988-9111.

Lynn Murphy