

Two very different views on treating behavior and learning problems

"Can somebody please tell me why people wanna try diets, herbs, biofeedback, etc. to treat this disorder when there is medication out there that does work or help??"

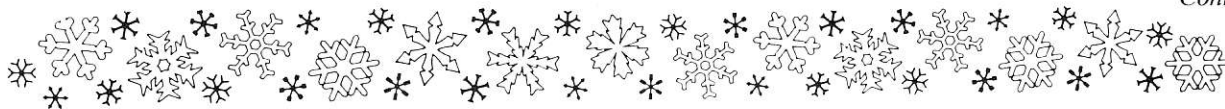
The writer of this e-mail message goes on to say "I am gathering information on all possible ways to treat this disorder so that I can make an informed decision regarding treatment for my son. His father is adamantly opposed to medication. I have been unable to persuade him to change his opinion as of yet. He took Ritalin as a child and does not want his son taking it.

"All medications have risks and possible side effects. Why would someone not turn to modern medicine knowing that in all probability, it would help?"

"Most adults used to think that psychoactive drugs — substances that affect thinking and feeling — are bad for children and teenagers. Hence the slogan 'just say no to drugs.'"

Psychiatrist Peter Breggin is an outspoken critic of the widescale use of medication for problems such as ADD and ADHD. He notes that prescribing drugs to children was once a rare and extreme measure. But today, he writes, the millions of children who take them "are developing little sense of personal responsibility. Instead of discovering their own capacity to improve their lives and to transform the world for the better, they are being taught they are brain-defective, and require lifetime treatment with psychiatric drugs."

Continued on page 3



A look back at the decade of the 90s — a legacy of violence

As the 1990s drew to a close, the world watched a puzzling array of violent acts committed by teenage boys. Troubled children and stunned classmates introduced us to the communities of Pearl, West Paducah, Jonesboro, Springfield, Conyers and Littleton.

But four months before Luke Woodham stabbed his mother to death and then went on to kill 2 classmates and wound 7 others, a study conducted in Mannheim, Germany, was published in the *European Journal of Child & Adolescent Psychiatry*. Unlike the news coverage of the school shootings, this study received virtually no media attention; but it should have been publicized because it showed a clear link between diet and violence.

M.H. Schmidt and colleagues used a restricted diet for 49 children with conduct disorders. They were able to demonstrate that it resulted in significant behavioral improvement in 24% of these children. The diet was patterned on the work of Joseph Egger, using a very limited number of foods (called an "oligoantigenic" diet). It was far more restrictive than the Feingold diet, as the children were fed

only: lamb, turkey, rice, potatoes, cabbage, carrots, apples and bananas. Their beverages were limited to water and apple juice. Unfortunately, while most foods were removed, the children consumed a lot of salicylate in the apples and apple juice. Foods were cooked with margarine, which generally is artificially flavored (although it is not clear if the researchers controlled for this). Two children managed to go off the diet even though the entire study was conducted in an institutional setting. It is not clear if the non-foods used (toothpaste, etc.) were free of synthetic additives, or if there was any attempt to control other non-food exposure such as fragrances and dyes on the skin. Despite these limitations, it was one more example that diet plays a role in serious behavioral problems.

Continued on page 2

The Feingold® Association of the United States, Inc., founded in 1976, is a non-profit organization whose purposes are to support its 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 focus on the use of drug therapy for behavior problems

A mother's search for help

FAUS recently received this letter, "My son, age 14, was diagnosed in the 2nd grade with ADHD. In the last two years he has had several stays in the psychiatric hospital and now has been diagnosed with Intermittent Explosive Disorder along with ADHD.

"He has been on Ritalin, Cylert, and numerous others. At the present time he is on 250 mg. of Depakote 2 times a day, 450 mg. of Lithium 1 time a day, 3 mg. of Risperdal 1 time a day and 2 mg. of Catapres 1 time a day. I am not sure that all this medicine is good for his body and all the books which I have read refer to the Feingold Diet. I'm not sure that the medicine is the answer."

Drug therapy can be of enormous help to many people, but when it appears that it is not working, how many different medicines, how many combinations, in what quantities, and for how many years should a doctor continue to prescribe before asking if there might be a more successful way to address a patient's symptoms?

New study on violence, from page 1

Schmidt and his colleagues felt it was significant that the children in their study were not pre-selected. They write, "Most importantly, parents initially did not come for a dietary treatment of their child's disruptive behavior as in other studies, but sought help because of severe problems, such as expulsion from school, which was often imminent."

"Does oligoantigenic diet influence hyperactive/conduct-disordered children — a controlled trial."

M.H. Schmidt et al, *European Journal of Child & Adolescent Psychiatry* 6:88-95 (1997).

"Can poor diets lead to violence?"

Gerald W. Deas, M.D., asked this question in his newspaper column shortly after the shooting at Columbine High School in Colorado.

Dr. Deas goes on to point out, "The relationship of diet and violence can be found in many scientific journals; however, very little attention is paid to it by the medical and legal professions. When our children display aggressive and violent behavior, they are usually placed on drugs and put in a special education class with no thought given to the diet they may be consuming....It would be very interesting to learn what type of diet the two boys in Colorado were consuming."

The "Failures of the Medical Community"

Dr. Feingold used this term to refer to the children who had not responded to the many treatments that had been tried. Several decades ago he demonstrated that many of these troubled youngsters could be helped by avoiding certain chemicals, not by adding more chemicals to their system.

A.K. Blake, the editor of a newsletter called *Crime Times* writes, "Conventional psychiatry, Ritalin, and 'tough love' all failed Kipland Kinkel, the adolescent charged with murdering his parents and two classmates in Springfield, Oregon. Disturbed by his fascination with violence, his parents kept him away from TV violence, they home-schooled him, and provided him with sailing, skiing, and tennis lessons. He reportedly had learning disabilities, dyslexia, and ADD."

Blake describes research by Elizabeth Guillette and colleagues, who "looked at neurobehavioral impacts (including aggressiveness) in children exposed to pesticides. They reported a link between pesticide exposure at levels comparable to those permitted in agricultural areas in the U.S., and mental and motor problems similar to those seen in children with learning disabilities.

"In other words, such senseless violence is almost certainly related to the malfunctioning brains of the offenders."

Creating a criminal

There are many factors that can set one child up to be more chemically sensitive than the next, Dr. Feingold often explained. In the same vein, Blake continues, "Possible causal factors of such brain dysfunctions include in utero or direct exposure to neurotoxins such as pesticides; nutritionally deficient diets; head injuries; food and/or chemical sensitivities; prenatal exposure to alcohol, tobacco, and/or drugs; brain tumors; and pollutants in our air, water, and soil, which can cause and contribute to genetic alterations and/or malfunctions.

"The time has come for an explicit research focus on the interplay between genes and the environment, and on how this interplay is involved in the causal mechanisms of the origins of anti-social behavior..."

Crime Times, published by the Wacker Foundation, PMB 132, 1106 North Gilbert Road, Suite 2, Mesa AZ 85203.

One size treatment does not fit all

In June of 1999 the White House Conference on Mental Health attempted to search for answers to these problems, but Ginger Breggin, of the International Center for the Study of Psychiatry and Psychology (ICSPP) writes, "every speaker present...ignored the fact that a number of the boys responsible for recent school shootings were already receiving psychiatric treatment and several had been treated with psychiatric drugs."

She notes, "In children and adolescents stimulants (such as Ritalin, Adderall, and amphetamines) and Prozac or other Prozac-like drugs (Zoloft, Paxil, Luvox, Celexa) can produce a dangerous psychosis called mania."

Citing the powerful interests that profit from the use of drugs, Breggin warns "our country has entered a dangerous era of social control through chemistry."

ICSPP News, 4628 Chestnut Street, Bethesda MD 20814 (301) 652-5580.

These two perspectives represent the most commonly held beliefs about ADD/ADHD, while the Feingold perspective focuses on finding a "better way." Despite the wide differences about the issue, there are some general areas of agreement.

- The number of children exhibiting these symptoms appears to be increasing rapidly. It is especially prevalent in the United States, and -- to a growing degree -- in Canada.
- The evidence to indicate any physical difference between children with AD/HD and those without is very limited.
- Drugs successfully address the symptoms for many of these children during school hours, but some of them experience unwanted side effects.
- The Feingold Program successfully addresses the symptoms for many of these children with no undesirable side effects.
- Both drugs and diet have been supported by medical studies, but both have drawbacks and can meet resistance on the part of the child or family members.
- Various physical, emotional, or environmental factors can cause a child to have symptoms that may appear to be AD/HD.
- Stimulant drugs have been found to improve the ability of most people to focus, not just those diagnoses with
- The outcome for children who grew up on the Feingold Program appears to be very positive.
- The outcome for children who have used stimulants for many years is not always positive.
- Both drugs and diet have been found to be more effective than behavioral treatment alone.
- Behavioral strategies are often helpful for children using diet.
- Families using stimulants report that when they remove synthetic additives from their child's diet they can lower the dose, and still have the same benefit.

Two different views on drug therapy

Drug therapy reduces the risk of substance abuse in later years.

Joseph Biederman of the Massachusetts General Hospital studied three groups of teenage boys, 15 years or older. The first group had been using drugs for ADHD for 4 or more years. A second group of 19 boys had a diagnosis of ADHD but were not given drugs. The third group consisted of 137 boys who had not received a diagnosis of ADHD.

Dr. Biederman concluded that the children who received Ritalin were at an 85% lower risk of using drugs or alcohol than those who were not on medication.

Note: Unlike the Lambert study, this one did not follow the children into adulthood.



Adderall replacing Ritalin for some children

Adderall is a prescription amphetamine drug that is similar to Ritalin, but appears to have a longer lasting effect. This is an advantage because many children dislike having to be given a second dose during the school day.

Mary Robertson, former president of the support group CHADD, noted that older children are often concerned about the stigma of using stimulant drugs, "They'd rather get kicked out of class than tell their friends they're going to the principal's office to get their meds," she noted.

In studies funded by Shire Richwood, the manufacturer of Adderall, researchers found that a single dose of Adderall was more likely than Ritalin to last for the entire school day, eliminating the need for the child to receive a dose at mid-day.

The studies also found that fewer Adderall prescriptions (9%) were discontinued or switched than the Ritalin prescriptions, where 39% were discontinued or switched.

Drug therapy increases the risk of substance abuse in later years.

Nadine Lambert has studied 492 children in the San Francisco area for the past 26 years. Half of them had symptoms that today would be called ADHD, and the other half did not. Dr. Lambert is the director of the School Psychology Program at the University of California, Berkeley's Graduate School of Education.

Almost half of the children who took Ritalin had started smoking by the age of 17 and they were twice as likely as the non-smokers to use cocaine when they became adults.

In a report to the National Institutes of Health Lambert suggested that the dependence on various drugs could be their way of self-medicating.

A dark side to Adderall

While most people who use stimulant drugs do not experience psychotic behaviors as a result, some do.

Ryan Ehlis, now 24 years old, was diagnosed with ADHD as a child and had been using Ritalin, with no noticeable side effects. His doctor changed his prescription to Adderall, and ten days after he switched to the new drug Ehlis killed his one month old daughter and tried to take his own life.

In his trial, the court's psychiatrist testified that Ehlis experienced hallucinations, believing God told him to kill himself and his child, and that the psychotic episode was the result of a reaction to the Adderall. The judge ruled that Ehlis was not guilty as he lacked the capacity to understand his actions. Once he discontinued the drug he did not have any more reactions.

While not many adverse reactions to Adderall have been reported, it has only been in use since 1996 and the number of prescriptions for it have increased dramatically each year.

Canada, Australia and New Zealand face issues similar to the U.S.

A steep increase in the use of medication for AD/HD and an increase in the use of food additives suggest that these countries face growing problems.

Between 1990 and 1997 the use of Ritalin in Canada rose 547% and continues to rise. This gives Canada the dubious distinction of being second only to the United States in the use of stimulant drugs for children with learning/behavior problems.

Journalist Ann Rees, of the Vancouver *Province* investigated the use of drugs for children. She writes, "...there is a booming North American market for drugs to treat children with mental disorders — spurred largely by rocketing sales of Ritalin."

While embracing methylphenidate, the use of Cylert is being restricted in Canada after reports of serious liver damage in some children.

"...there is a booming North American market for drugs to treat children..."

"Methylphenidate consumption (including Ritalin) in Canada shot up by more than 450% between 1991 and 1992."

The Province

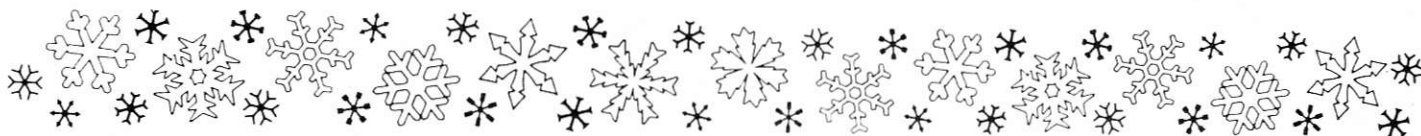
Consumer groups are outraged at the recommendation of the Australia New Zealand Food Authority (ANZFA) to allow greater use of synthetic food additives. The following appeared in FAILSAFE, the newsletter of the Food Intolerance Network of Australia.

In a recent review of the use of food additives, ANZFA concluded that the new standard for food additives "facilitated both consumer choice and innovation in technology by applying the minimum restriction on use..."

"Consumer choice?" Virtually all requests by the food industry to increase the use of food additives were granted while consumer concerns were dismissed. People who want to avoid problem-causing additives will have drastically reduced choice!

ANZFA dismisses reactions to food additives and advises that "people who have food intolerance should be educated by their medical or dietetic practitioner as to a suitable diet."

Reactions to food additives are related to dose. As the daily dose increases, more people will react. In theory, anyone will react if the dose is high enough. Because reactions can build up very slowly or occur many hours or even days after ingestions people are often unaware of the cause of their problems.



Two studies use brain scans to identify physiological differences between people with ADHD and those without.

Researchers at Massachusetts General Hospital in Boston have identified a physical difference between 6 adults diagnosed with ADHD and 30 without.

After the two groups were injected with a chemical, brain scans enabled the researchers to count the number of dopamine transporters. The six adults with ADHD were found to have 70% more of the dopamine transporters than the control group.

In a study at Emory University six men diagnosed with ADHD and six without were asked to compute numbers while they were given PET scans. The scans showed that the two groups used different portions of their brain, and the men with ADHD were less efficient in solving the numbers tasks.

Comments

Any new information on the syndrome called ADHD is welcome news, but it is likely to be cited as justification for selecting powerful drugs as the first course of treatment. The rationale is "This person is abnormal — the brain scan shows it — therefore he needs to have drugs."

The fundamental question is: Does the presence of a physical difference (or even an abnormality) automatically indicate the need for drugs? Consider these standard practices:

- Every newborn baby is given a PKU test. It will identify those infants who have a physical difference that makes them intolerant to milk. The treatment is avoid milk, not to use drugs.

- The person with celiac disease has a physical difference in their small intestines. The standard treatment is to avoid gluten.
- Children of alcoholics have been shown to have brain differences, making them highly susceptible to the disease, even if they themselves do not drink. Here again, avoidance is the preferred treatment.

It is unlikely that brain scans will be routinely used on children in the near future, partly because they are very expensive, and because of concern about exposing young children to radiation. Regardless of the role of scans, the issue remains the same. When a person experiences negative symptoms, what is the least harmful way to address them?

Valentine Sweets for your Sweeties

This is a soft, delicately flavored cookie that lends itself to many different additions. Cranberries (Stage Two), pecans and chocolate chips are a festive choice. For Stage One, use cut-up non-salicylate dried fruits like papaya, guava, pineapple or pears.

Special Occasion Cookie

1/2 cup butter (1 stick) softened
1/2 cup brown sugar
1 Tbsp milk
1 cup flour
1/2 tsp. baking powder
1/2 tsp. baking soda
1/4 tsp. pure vanilla extract
1 egg
1/2 cup jelly or preserves
1 1/2 cups of any combination:
chopped nuts, cut-up dried fruits,
chocolate chips

Grease cookie sheets.
Heat the oven to 325°

In the large bowl of a mixer, cream the butter with the brown sugar.

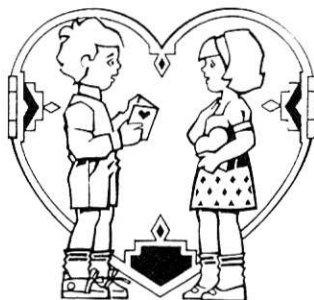
Add all of the rest of the ingredients except the nuts, fruit, & chips. Beat until well blended.

Stir in the nuts, fruit & chips.

Drop by spoonfuls onto the cookie sheet. For large cookies, bake 14 to 16 minutes; for medium size bake 12 to 14 minutes or until golden brown.

Cool on a rack.

Makes about 18 large cookies or 24 medium ones.



Cookie Mixes

Use a short-cut to making treats with homemade cookies from a mix. For Pete's Sake sells two cookie mixes: Basic and Oatmeal. Each mix contains recipes for variations, and in most cases you will be able to streamline your baking because you only need to add a few ingredients. The Honey Peanut Butter Oatmeal Delights use only three ingredients: the mix, peanut butter and honey.

Take a look at the recipe for crisp Oatmeal Scotcheroos, with white chocolate chips and the flavor of butterscotch.

Vanilla wafers are one of the choices in the basic cookie mix.

Hard-to-find ingredients can also be ordered from For Pete's Sake. (800) 864-7383. They carry chocolate chips (white and regular), dried fruits, and a selection of Stage One jams.

Cookies ready to go

If there's no time to bake you can order ready-made cookies from Angel Foods (815) 688-3559. They offer Sugar Cookies and Butter Cookies.

Cookies with a New Look

Don't forget about the choices you have at your supermarket. A plain cookie can be dressed up for your Valentines. Make your own frosting, coloring it pink with the natural food color pastes now available from the Squirrel's Nest (302) 378-1033. Also, check out the Squirrel's Nest catalog for chocolate and white baking chips, jams, and for a large assortment of Feingold-acceptable candies.

Some Stage One cookies that can be frosted:

Dak Danish Butter Cookies
Food Club Shortbread Cookies
Patterson Shortbread
Pepperidge Farm plain cookies
Walker's Shortbread

Gluten-free Cookies

Even those on a gluten-free diet can enjoy special treats available from mail order resources that specialize in these more restricted diets:

Gluten-Free Pantry (800) 291-8386
Miss Roben's (800) 891-0083
Kinnikinnick Foods (877) 503-4466
Gluten-Free Delights (319) 266-7167
Oakland Dietetic Bakery (800) 815-6280
Cause You're Special Co. (815) 877-6722

Sugar sensitivity and antisocial behavior

Valentine sweets are not likely to bring about a loving response in people who are unable to handle simple sugars. The work of a San Francisco alcohol/drug treatment counselor is having a dramatic impact in several populations: drunk drivers, people with sharp mood swings, carbohydrate addicts and unsuccessful dieters.

Kathleen DesMaisons created a treatment program to help people who have had multiple arrests for driving under the influence of alcohol; it has become known as the "DUI Diet." Her findings are similar to Barbara Reed's earlier work with criminal offenders: there is a direct connection between what a person eats and how they behave. Participants of DesMaison's plan have had only one seventh the number of probation violations and less than half the number

of new criminal charges as those who went through the traditional program. DesMaisons addresses the biochemistry of alcoholics and provides a program that eases them off of simple carbohydrates — a trigger for dramatic swings in blood sugar and mood.

In her book *Potatoes Not Prozac*, DesMaisons explains how the body chemistry of sensitive people reacts to foods and provides a plan to recover from addictions to sugars and alcohol. Her work has found many fans among those who have unsuccessfully used various weight loss plans. They are relieved to know there is a valid biochemical basis for the midnight ice cream binges, and for guidance on how to reverse them. DesMaison's second book is *Your Last Diet: Weight Loss that Works*. See www.radiantrecovery.com.

Consumer protection — some wins, some losses

When a major chemical company submits research to the Food and Drug Administration (FDA), seeking approval of a new additive, should the FDA decision to allow it be based solely on that company's research? And should a government agency tell the public that a new chemical is safe when the research has not been reviewed by independent scientists? Should the FDA require all businesses to use the new chemical, and should the agency prohibit a business from publicly stating that it has chosen not to use it?

The additive known as BGH, or bovine growth hormone exemplifies some of the problems consumers face as they look to the governmental agency to prevent questionable additives from reaching the market.

The FDA reported that the additive was safe, based on test results submitted by BGH manufacturer, Monsanto. When the Canadian government's Health Protection Branch reviewed the studies they came to a very different conclusion. FDA scientists said that rats fed the bovine growth hormone for 90 days did not absorb it, but the Canadians say the Monsanto study shows that 20 to 30 percent of the rats *did* absorb BGH. What's more, they found that some of the male animals developed thyroid cysts and were found to have high levels in the prostate.

A consumer group, The Center for Food Safety, sees indirect evidence that BGH might contribute to breast and prostate cancers, and they have called on the FDA to remove the hormone from the market. They charge, "It was [the FDA's] job to take a careful look at every study. We now know they did not do so."

Consumers Union joined the criticism, saying the FDA should have required long-term toxicity testing before granting approval.

Working for the benefit of the public, the U.S. Consumer Product Safety Council has asked toymakers to find a replacement for the chemicals called "phylates" that are added to plastic toys. Phylates soften plastics, enabling them to be flexible, and are used in teething rings and children's toys, as well as medical devices. The recommendation came after European research suggested that small amounts of the plastic can get into the bloodstream and may pose a serious health threat.

Eight European countries have taken action to ban or regulate the use of phylates in toys. An international coalition of health care workers, advocacy groups and environmentalists has opposed the continued use of the plasticizer.



Long-time Feingold members will not be surprised to learn that the American Council on Science and Health (ACSH) has strenuously defended the use of phylates. Funded by major industries, the ACSH has long been an outspoken critic of the Feingold Program. Its president, Elizabeth Whelan, stated, "Consumers can be confident that vinyl medical devices and toys are safe."

In December the world's largest toymaker, Mattel, announced that it would seek alternative chemicals to use in their toys. They hope to find a biodegradable, non-petroleum replacement for the plastic additive.

In July the Food and Drug Administration called on vaccine makers to phase out vaccines that contain thimerosal, a mercury-based preservative. The U.S. Public Health Service issued a statement noting that it is possible, given the large number of vaccines given to infants, for babies to accumulate enough thimerosal in their systems to approach federal limits on exposure to mercury.

from *Autism Research Review International*, published by the Autism Research Institute, 4182 Adams Ave, San Diego CA 92116.

(Note: mercury is a poisonous heavy metal, especially damaging to the central nervous system.)

Pure Facts

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Pure Facts is published ten times a year and is a portion of the material provided to members of the Feingold Association of the United States.

Membership includes the Feingold Handbook, Recipes & 2 Week Menu Plan, regional Foodlist containing thousands of acceptable U.S. brand name foods, Medication List, a telephone Help-Line, and a subscription to *Pure Facts*. The cost in the U.S. is \$69 & \$6 shipping. A *Pure Facts* subscription, if ordered separately, is \$38/year.

For more information or details on membership outside the U.S., contact FAUS, 127 East Main Street, Suite 106, Riverhead, NY 11901 or phone (516) 369-9340.

The articles in this newsletter are offered as information for *Pure Facts* readers, and are not intended to provide medical advice. Please seek the guidance of a qualified health care professional concerning medical issues.

www.feingold.org

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February 2000

Yes, you can change the world!

This is a time when much attention has been given to looking back at the last century, and looking ahead to what possibilities are in store.

It's a good time to consider how our lives might have been very different if a remarkable doctor had not discovered that many behavior, learning, and health problems are related to synthetic chemicals. This work began in 1965 — you may not even have been alive at that time! The help your family has received is the result of the work of many caring people — people with no special training in changing the world, but with a strong desire to share the information and help they received.

Each year, the use of synthetic food additives increases, and it is quickly becoming a world-wide problem. But each year there are greater opportunities to counterbalance this sad trend. If you are excited about the help your family has received and if you want to know how you can help, please read on.

The Internet - What a dramatic way to share information with countless people around the world! Direct others to our web site: www.feingold.org. Share your story in chat sessions. Mention the Association on your family's web site. Contact web sites that overlook the success of diet and offer to have FAUS provide documentation. Write to FAUS at our web site, and share suggestions with us.

Share our information -

Contact FAUS for additional copies of our information brochure and give them to interested friends, colleagues, neighbors and professionals. Also, ask FAUS about how you can provide information cards for libraries, health food stores, and offices.

5 Minutes or less - That's all the time it takes to put a FAUS bumper sticker on your car.

Donations - Does FAUS have a project that interests you? Tax deductible donations can be made to:

- The general fund
- The annual Giving Campaign
- FAUS Endowment

As a memorial to the memory of a loved one
When you give a donation does the company you work for provide a matching contribution?

Do you like to write? - Consider writing your family's story and submitting it to a local newspaper or magazine.

Or contact the Family Life editor of your local newspaper and ask them to write an article about your family.

Come join us at our annual conference - This is a wonderful way to learn from outstanding speakers, meet others who share your values, and take a closer look at FAUS to see what part you might want to play in our efforts.

Buy the best food - Give your entire family the benefit of good food; shop from your Foodlist for every member of your family.

Request catalogs from the mail order businesses in your membership materials - These people understand what you want and can provide additive-free products.

United Way/Combined Federal Campaign -

Ask the representative for a designated donor form, and list the Feingold Association as the recipient of part or all of your contribution.

Radio shows - Call in when there is an issue related to our work; let the listeners know how diet affects behavior, learning and health.

Challenge negative statements - When somebody tells you that diet does not help children with AD/HD ask them to produce the evidence to back up their claim.

Keep an extra copy of the CSPI report on hand -

This outstanding report examines the studies that have been conducted over the past quarter century, and shows how they support our work. (See the November, 1999 issue of *Pure Facts* for details.)

Order extra copies of the report; they are available from FAUS for a special price of \$5 each. You can also print the report from the web: cspinet.org.

Contact your professional - After you have seen a positive change in your child or other family member, be sure to contact the professionals who you have consulted and let them know how the Feingold Program has helped your family.

Does your library have our book? If your library does not have *Why Can't My Child Behave?* ask them to order a copy (available from the FAUS office) or consider donating one.

Order your books through the FAUS web site - The Association will receive a donation with your order.

FAUS Product Information Center Report

from Donna Curtis

More 365 Products

In the November '99 issue of *Pure Facts* we listed some of the many Whole Foods store brand products that are now acceptable on the Feingold program.

The company chose the name 365 to show that even though they are "health foods" these products are economically priced and can be used 365 days of the year. You can find the store nearest you by checking their web site: www.wholefoods.com/company/locations/index.html and you can also order online from wholefoods.com.

Getting your child's prescription filled

Now that winter weather is in full swing, you might be getting more prescriptions for pediatric cough and cold medicine. If you are using the services of a compounding pharmacist (one who makes the medicine up to order) be sure he/she is not using synthetic flavorings.

Several years ago a pharmacist in Washington, DC created a line of 42 flavorings, to be added to children's medicine to make it more palatable. The company, called FLAVORx, now distributes the flavorings to pharmacists and hospitals throughout the country.

Critics point out that there is no way to know what changes might take place in the medicine when another chemical is added. For chemically sensitive children, the changes are likely to be in their behavior!

The company has even created flavors for finicky pets. They offer tuna flavor for cats, beef or liver for dogs, and horses can have their medicine flavored with molasses.

Getting Together

Richmond, TX - Nancy Kempe would like to meet Feingold members in her area. She can be reached at (281) 242-6329.

Ft. Lauderdale, FL - Janet Stein is interested in getting to know other members in the Ft. Lauderdale area who are using the Feingold Program for ADD/ADHD.

You can contact Janet by either calling (954) 791-4281 or e-mailing her at nisjes@aol.com.

St. Paul, MN - Michelle Lively has a 4 year old daughter with multiple sensitivities. She would like to be in touch with other moms. (651) 779-9011.

PIC Report

The following products have been researched or re-researched and may be added to your Foodlist or mail order guide.

Stage One

365 Cereal: Honey Frosted Flakes, Honey Puffed Wheat
365 Yellow Tortilla Chips
365 Lime Fruit Bar (CS)
365 Ice Cream: Chocolate (CS), Chocolate Chip (CS), Vanilla (CS)
365 Canola Oil
365 Multigrain Waffles
365 Frozen Cut Potatoes (CS)
365 Chocolate Sorbet

Stage Two

365 Baked Cheese Curls (paprika)
365 Balsamic Vinegar (SF, grapes, raisins)
365 Cheese Puffs (paprika)
365 Diced Tomatoes, Tomato Paste, Tomato Sauce (bell peppers), Whole Peeled Tomatoes
365 Honey Nut O's (grapes, almonds)
365 Cookies: Espresso Chocolate Chunk (CS, coffee), Oatmeal Raisin
365 Pinto Bean Dip (peppers)
365 Frozen Juice: Country Style Orange, Orange
365 Frozen: Berry Medley (blackberries, blueberries, raspberries, strawberries), Blueberries, Raspberries, Whole Strawberries
365 Fruit Bars: Cherry (CS), Strawberry (CS), Tropical (CS, strawberries)
365 Fruit Spread: Apricot, Blackberry, Morello Cherry, Orange Marmalade, Raspberry, Strawberry, Wild Blueberry - *all have grape and pectin from apples*
365 Granola: Almond Raisin (grapes), Blueberry & Creme (grapes, plums), Honey Nut (almonds)
365 Ice Cream: Coffee (CS, SF), Strawberry (CS)
365 Juice: Apple Cherry Cider (acerola berries, grapes), Cranberry Grape (apples), Cranberry Peach (apples, grapes), Cranberry Raspberry (apples, grapes), Garden Vegetable Medley (bell pepper, cucumber, tomato), Gravenstein Apple, Orchard Peach (apples, grapes), Ruby Red Grapefruit (apples, grapes)
365 Tri-Color Fusilli Pasta (tomatoes)
365 Soda: Black Cherry (CS), Cherry Vanilla Creme (CS), Cola (CS, cloves), Orange Creme (CS), Raspberry (CS)
365 Sorbet: Fruit First Orange, Fruit First Strawberry, Mixed Berry (blackberries, blueberries, raspberries, strawberries)

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