

# **ADD/ADHD, Food Additives & Diet**

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## **Introduction**

### **You are what you eat.**

Well, at least that's what our parents – and our grandparents as well – always admonished us. They warned us about eating too much candy, drinking too many soft drinks, of the dangers of living on potato chips, French fries, ice cream and other “junk foods.”

But how many of us really listened?

Now that we're adults with children of our own, we echo our parents' – and grandparents' – concerns. “You eat so much ice cream,” you cry exasperated by your children's choice in foods, “that if you don't watch out, you'll turn into an ice cream cone.”

We are all too familiar with the frustrating struggle of trying to get a stubborn toddler to eat broccoli or a nine-year-old to munch on carrots instead of corn chips.

Ah! How life comes full circle. And it's even worse today than it was 25 or 30 years ago. At least when we were in school we found a refuge from the onslaught of junk foods.

### **No refuge from junk foods in the schools!**

That's certainly not the case any more! Walk into just about any school. What do you find? Vending machines packed with chips, caffeinated and sugar-laden sodas, candy bars of just about every kind . . . and oh yes, to be fair . . . you'll find some bottled water as well.

But which items do you think attracts your children's attention? Which do they run to before or after school? Is it the water? The juice? Or is it that candy bar? That can of soda?

As much as some of us would love to chastise the schools, for some of us – especially those families in which both parents work – it doesn't get much better once we get our children home.

When we do eat at home, we tend to make something that one of my friends calls “quick, fast and easy.” Never mind that this phrase is redundant. It gets its point across. The sentiment behind it: “Let's get supper done and over with so we can relax.”

Whether supper comes from a box – as in a pizza box or a box of macaroni and cheese -- or whether it pops out of our microwave, it's likely to be laden with additives and preservatives. More than any of us even cares to admit.

And we haven't even talked about the paucity of nutrients that exist in an otherwise healthy diet. According to a recent government-funded study, vegetables contain at least 10 percent and in some cases up to 50 percent less vitamins and minerals than they did nearly 50 years ago. The soil in which they're grown just doesn't have the same rich vitamin content it once did. So even when we're feeding our children properly, they still aren't receiving the full benefits as our parents once did.

### **The typical children's diet: 1948 and today**

For a dramatic comparison of how far eating habits have changed and how vastly different our daily routines are from the 1940s, just read the following. These paragraphs outline the daily routine in the life of your grandfather – born around 1940 – and your child – born around 2000.

The year is 1948. World War II is over. The Great Depression has passed. Prosperity is returning to the United States. Let's take a quick peak at your grandfather's day. He was only 8 years old. We'll call him Martin.

Let's lay his day out side by side by his great grand son – your son with ADD/ADHD. We'll call him Seth. Notice as both of these children go through their days, the differences in what they eat and drink.

Martin awakes. His choices for breakfast include toast and butter, with jam if he's lucky, oatmeal or unsweetened corn flakes.

*Seth awakes. His choices for breakfast are Pop Tarts, Sea Treasures Instant Oatmeal (the real cool kind that turn the milk blue), or Fruity Pebbles.*

Martin makes a face as his mother makes sure he gets his cod liver oil for the day.

*Seth races to see what character is available from his Flintstone vitamin bottle – or maybe he has a Looney Tune bottle to choose from today – complete with vitamins, minerals as well as artificial colorings and flavors.*

Martin has been a little under the weather lately, so his mother gives him his medicine. The doctor prescribed either something that came in a bad-tasting liquid or a plain white powder.

*Seth has been a little under the weather lately, so you give him his medicine. It's a liquid, but it's anything but boring. This medicine is bright pink and it tastes like bubble gum.*

Before Martin goes off to school, he brushes his teeth with toothpaste. No choice here, it's plain white toothpaste without much of a taste.

*Before Seth rushes off to school, he brushes his teeth with multi-colored toothpaste, one that may even have sparkles in it.*

Martin goes off to school where he doesn't eat anything until lunch. His lunchtime meal is meat loaf with mashed potatoes – made with real potatoes, of course, and a vegetable. He drinks milk with his food. For dessert, he eats a cupcake, made from scratch.

Throughout his school day, Martin drinks only water from the drinking fountain.

*Seth goes off to school. Even before he enters the building, there are soda machines in the lobby. He may not stop now to buy a can, but he eyes them up for after school.*

*At lunch, Seth eats foods which are highly processed, loaded with synthetic additives. No vegetable. He drinks chocolate milk – maybe even some type sweetened juice. Either way, both the chocolate milk and the juice contain an artificial flavor.*

After lunch, Martin goes back to his room. Unless, it's Halloween, Christmas or Easter, Martin's class doesn't indulge in eating candy.

*After lunch, Seth goes back to his room. A fellow student is passing out candy – replete with synthetic additives – as his birthday treat. It's the third birthday in the month; it's the third time this month the class has been treated to candy.*

### **Is My Child's Diet Affecting His ADD/ADHD Symptoms?**

Ask any teacher and she'll tell you straight up. Her students are, indeed, more active, more fidgety, and harder to control once they eat candy, sweetened cupcakes and soft drinks. They'll be more than willing to talk about their experiences during Halloween parties or Christmas parties. And if you've ever visited your child's classroom for a holiday party, then you've observed this firsthand.

So it only makes a parent wonder if his child's diet is contributing in any form to his ADD/ADHD. And it may make sense to you . . . it appears that it just doesn't add up the same way to the medical community. They've done the tests . . . the studies . . . the trials. And the overwhelming consensus is that diet plays a small

role – if any – in either the aggravation or the alleviation of the symptoms of ADD/ADHD.

### **The majority of families with ADD/ADHD children try alternative diets**

The idea, though, still persists with many families who faithfully practice avoidance of food additives while trying to eat a healthier, more nutritious diet. In fact, according to Lias L. Weyandt, author of *An ADHD Primer*, 67.6 percent of all families who have a child affected with this disorder incorporate some type of alternative therapy into the conventional treatments prescribed by their physicians. Weyandt says that by far the most popular of these is a modified diet.

And there must be a reason why. If you dig into some of the medical journals, you can find studies that provide some evidence that changing your child's diet may help to alleviate the symptoms of this disorder. So there is a chance that this approach may work in your situation.

Changing your diet – and that of your children – to include less artificial additives, less packaged and processed foods and more natural and whole foods is a great idea. It's also an approach that can actually improve the health of every member of your family – even if it doesn't actually reduce the severity of your son's symptoms of ADD/ADHD.

This digital book is designed to help you learn more about the advantages of an additive and preservative free diet . . . of a diet based more on whole and fresh foods and less on boxed and packaged foods.

This information is in no way meant to supplant any medications your child is currently on. Never stop giving your child his medication for ADD/ADHD without the knowledge of your prescribing physician. This diet, though, can be a valued partner in helping to subdue some of the symptoms – perhaps tone down some of the hyperactivity . . . help your child concentrate and focus better . . . even sleep better at night.

The most widely known of the ADD/ADHD diet is called the Feingold Program. Believe it or not, it's been around for more than 30 years now – and still causes controversy. You must admit, it certainly has staying power. I'll review the fundamentals of that program for you, as well as give you an overview of several other diet plans that have been devised to help children with ADD/ADHD.

I'll also show you some of the evidence published in professional medical journals that back up claims for such a diet. But, I'm also going to tell you about the arguments that believe these diets are a waste of your time.

The point of this book, you see, isn't to push a diet on you and your family. It's to widen your choices and provide you with more options, especially when it pertains to the realm of self-care.

To be quite frank, the jury is still out on the effectiveness of diet as a management tool for ADD/ADHD. Should you even attempt the diet on your child?

The answer to that question depends on several factors. Keep in mind that ADD/ADHD can affect children in varying severity. If your child has a severe case of it, then you obviously will want to start him first on prescription medication. This is the quickest route to alleviating his symptoms. Once you have the symptoms under control, then you can evaluate whether you believe a change in diet will help him.

### **How to know if you should try diet modification**

If your child has a mild form of ADD/ADHD, you may have the "luxury" of using other approaches in an attempt to avoid prescription medication. The ideal way to do this is to include your doctor in this decision. Discuss with your physician your intention. He'll do what I call a "risk benefit" analysis. This means he'll tell you what risks are involved in treating the disorder with diet alone.

For example, he'll let you know the probable consequences of waiting three months to take prescription medication while you manipulate your child's diet. Will it lead to a worsening of his grades in school? He'll give you estimation – based on your child's symptoms – if this delay could lead to even worse behavior that could possibly affect his status at school.

In some ways, attempting to deal with ADD/ADHD in this manner is no different than attempting to control high blood pressure. When you go to the doctor who tells you your blood pressure is high, he may recommend various treatments. If your blood pressure is, say only mildly high about 140/90, he may urge you to treat it yourself through exercise and a healthier diet.

If, though, your blood pressure is dangerously high – 220/160 – he'll undoubtedly place you on medication immediately. And while you're on this prescription, you can then adjust your diet and your lifestyle.

This book may challenge your conventional thinking about food. It may startle you into a true examination of what not only your child with ADD/ADHD eats, but what every member of your family eats.

If you didn't realize the extent of "artificial" ingredients in our diet before you read this book, then you'll at least be more aware of them now.

This book also lays the foundation for adjusting your family's diet toward healthier choices. If after reading the evidence, discovering a little more about the Feingold Program as well as alternative diets, you decide to give a modified eating plan a try, you have a solid foundation as a start.

However, one caveat needs to be mentioned: Before starting any program, consult with your family physician. Ensure that he is aware of what you and your family are embarking on.

And don't ever – under any circumstances – attempt to adjust your child's ADD/ADHD medication on your own. Don't abruptly stop giving him his medication nor adjust the dosage unless your family doctor has consented.

Good luck on your new journey through the ADD/ADHD and the diet!

# **Chapter 1: Just What is ADD/ADHD Anyway?**

Originally called Attention Deficit Disorder or shortened to ADD, this set of symptoms affects nearly two million American children. While some children may grow out of it as they age, others will carry the disorder, now more commonly called Attention Deficit Hyperactivity Disorder, into adulthood with them.

I refer to the disorder as ADD/ADHD. The two names are used interchangeably by many individuals.

## **Symptoms of ADD/ADHD**

Symptoms usually associated with ADD/ADHD include a short attention span, hyperactivity and impulsive behavior. The inattention manifests itself in various ways depending on the individual child. But they usually encompass some of the following signs.

A child with ADD/ADHD very often will not pay close attention to performing the details of a task. You may also find that he makes careless mistakes in his schoolwork and other activities.

Because of his ADD/ADHD, he will also have trouble keeping his attention focused on a single task or even on one game or activity at play. This is doubly true if he's performing a task that is not of his own choosing, like a parent-directed chore.

You may also find that if your child has ADD/ADHD, he experiences problems in organizing the tasks he's been given. His problems are compounded because he finds it difficult to follow through on performing instructions. This means that many times he fails to finish his schoolwork, his homework or other activities assigned to him.

He will, in fact, avoid activities that require a continued mental effort – like homework and schoolwork.

When you are providing him directions, or talking to him in general, he appears not to be listening at all, because he's busy keeping his fingers and his mind occupied.

And he'll probably aggravate you with the number of items he can lose or misplace, like books, pencils, tools, or toys. Additionally, he is forgetful and he can be easily distracted.

## **Symptoms of hyperactivity and impulsiveness**

But in addition to these, your child with ADD/ADHD will also probably exhibit signs of hyperactivity and impulsiveness. He'll squirm and fidget frequently. In school, he'll just get out of his seat in the classroom. He may run excessively or even climb in inappropriate places. If your child is older, an adolescent, for example, he'll exhibit this hyperactivity through an overall feeling of unrest and restlessness.

A child with ADD/ADHD may also have difficulty playing quietly. He's often louder than the other children. He most definitely seems as if he is "always on the go," and many parents claim their child with ADD/ADHD talks all the time.

A child with this disorder may also find it difficult – if not impossible – to wait his or her turn for anything and frequently interrupts or intrudes on other people's conversations. Some children with ADD/ADHD also have problems sleeping at night.

Yes, I know exactly what you're thinking. Just about every child exhibits some of these symptoms at one point or another throughout their childhood. And you're absolutely right. They do. That's why a diagnosis of ADD/ADHD isn't made unless the symptoms are present for a minimum of six months – and your child's behavior meets other critical symptoms.

This is done to distinguish a diagnosis of ADD/ADHD from merely a personality struggle with a teacher, principal or other adult. And diagnosing this disorder includes the completion of a comprehensive evaluation for a variety of other problems, like learning or language problems, depression and anxiety.

Your doctor, in providing you with an accurate and complete diagnosis, will ask your child's teachers, and other school staff, to complete a questionnaire about your child's behavior. He'll also eventually have you fill out one as well. Not only that, but he may interview key figures in your child's life to discover for himself the extent of your child's behavior and if it could be symptomatic of ADD/ADHD.

### **Does ADD/ADHD have a cause?**

Thirty years ago, medical researchers were at a loss in trying to explain the cause or causes of ADD/ADHD. And while today we have no one cause why children develop this disorder, we have come closer to understanding how the brain works. That in itself takes us a step closer to finding the cause. It also elicits some interesting and viable theories on the probable causes of ADD/ADHD.

Today, thanks to the technology at our disposal, medical researchers are able to actually view the brain while it performs certain tasks or thinks thoughts. This

has shown us that those individuals – and not just children, but adults as well – who have ADD/ADHD have brains that actually perform differently. The National Institute for Mental Health conducted a study several years ago. The Institute took youngsters – both boys and girls – with ADD/ADHD. It aged and gender matched these with 139 children who did not have this health condition.

The researchers scanned the children at least two times – in some instances they scanned them as many as four – over the next decade. As a group, the children who possess the attention deficit disorder had smaller brain volumes in all regions of this organ, including the frontal lobes, the temporal gray matter, the caudate nucleus as well as the cerebellum. The volume, on average, measured about three to four percent less than those measured in the children who did not have ADD/ADHD.

The research additionally showed, however, that the children who were taking their medication for ADD/ADHD showed no difference in the volume of their white matter. White matter is composed of fibers that establish long-distance connections among the various regions of the brain. Normally, this would thicken as children grow older and the brain matures.

### **Brain injuries?**

One of the earliest theories on the cause of ADD/ADHD cited the possibility of a traumatic injury to the brain. In children who have suffered brain-related accidents, some have displayed signs of behavior similar to attention deficit disorder. Only a very small percentage of children who actually possess ADD/ADHD, though, have been found to have experienced any brain injury.

At this point in the research on the subject, many experts have established that genetics play a significant role. ADHD has been found to be approximately 80% heritable (based on twin studies). This means that ADHD is as genetic as height is. Scientists hope to be able to identify the specific gene or set of genes which causes this susceptibility to ADD/ADHD.

### **ADD/ADHD and environmental factors**

Another probable cause which experts are delving into is the extent that ADD/ADHD is caused by a variety of environmental factors. A few studies seem to bear this theory out. There are, indeed, a whole host of environmental factors that may be contributing to the problem. Pinpointing the exact one that may be playing an active role in your child's health disorder is extremely difficult at best.

One of the possible environmental causes of ADD/ADHD, researchers suggest, is exposure to lead very early in life. Preschool children who played near lead – as found in paints and other products – may not face a greater risk of developing attention deficit hyperactivity disorders, scientists say. But they do experience

greater odds of exhibiting many of the behavioral and development problems associated with this chronic childhood condition.

Still other researchers insist that it's not caused so much by the environmental factors the child is exposed to now. Rather, ADD/ADHD may be caused by the exposure to certain environmental toxins while the child was in his mother's womb.

Researchers specifically point to polychlorinated biphenyls. These are industrial chemicals which were used almost ubiquitously until they were banned in 1978. You may know these toxins by their initials – PCBs.

The environmental issue also leads us logically towards the role of diet as a cause of ADD/ADHD – especially to the role of artificial food preservatives and additives.

Could the almost inescapable exposure of these substances have a hand in causing – or at least exacerbating – the symptoms of attention deficit hyperactivity disorder?

## Chapter 2: Can Diet Affect ADD/ADHD: The Evidence

For a long time, it was common thought that food additives and refined white sugar may play a major role in the development of ADD/ADHD. At the very least, many researchers theorize, the presence of these two broad categories of food in a child's diet heightens the symptoms.

The debate still rages today, even though, more than 25 years ago, the National Institutes of Mental Health conducted a scientific consensus conference to discuss the issue. Dietary restrictions placed on those youngsters with ADD/ADHD alleviated the problem in only about five percent of the total. Those most helped were the children who possessed food allergies.

Not only that, but a more recent study demonstrated that these foods probably play little if any role in the development of the disorder. Half the children in this study were provided with aspartame as a sugar substitute. The parents of the children in this group specifically felt that their children's ADD/ADHD symptoms were triggered by eating sugary foods.

The other group received sugar. While each mother in the trial was told their child was provided with either sugar or aspartame, in reality, the moms weren't given the proper information. The research indicated that if the mom *thought* she was providing her child with sugar – even if it were really aspartame – she reported her child as being more hyperactive than usual.

*“Americans have been so fascinated for the last 35 years with how foods affect human health that it should come as no surprise when links between diet and ADHD continue to be proposed, but at this point such claims cannot be taken seriously. The burden of proof that food does cause ADHD must rest with those who propose such causes. We have wasted enough valuable scientific time, resources, money, and man hours investigating unfounded claims about diet that could have been better spent pursuing more promising lines of scientific inquiry on ADHD.”*

These are the words of Russell A Barkley in his book, ***Taking Charge of ADHD: the Complete Authoritative Guide for Parents***. His words are a bit harsh, to say the least. But they provide us with a feel for the frustration level of some medical experts who assess the facts.

[Consider too this fact involving the study. The Feingold Program views aspartame as toxic to a child with ADD/ADHD as sugar. Could this account for the results of the study?]

In the other corner of the ring, squaring off with these professionals, are a group of dedicated parents who insist that their children's ADD/ADHD is, indeed, influenced by what they eat.

### **The evidence keeps rolling in**

And despite Dr. Barkley's wish that the issue just go away . . . we all know that it won't. There is still research being conducted every day on this topic. And while the evidence is spotty, there's still enough in favor of diet that professionals feel compelled to conduct even more!

### **The McCann Study: 2007**

One of the latest studies to specifically examine the role of artificial food colors and additives in the behavior of children was conducted by Donna McCann and her colleagues. This research was published on line in the Sept. 7<sup>th</sup>, 2007 issue of ***The Lancet***, Britain's prestigious medical journal.

These researchers devised a double-blind, placebo-controlled, crossover trial to test the affects – if any – on the consumption of foods containing artificial food color and additives.

The researchers took 153 children who were three years old and 144 children who were between the ages of eight and nine. They were asked to drink a beverage that contained sodium benzoate and one of two food additives. A second drink served as the placebo and contained none of the questionable ingredients.

The scientists discovered that the beverage with the additives and coloring did indeed increase the children's hyperactivity, both in the three year olds as well as eight and nine year olds.

### **Does your child – or you – drink more than 4 glasses of soft drink a day . . .**

It's called by many names depending on where you live. Some call it soda, others pop, still others soda pop. However you order it in a restaurant or request it at a friend's, consider the evidence conducted recently in Norway.

It was discovered that high consumption of soft drinks – high being defined as four or more glasses of “sugar-containing soft drinks per day.” were associated with several mental health problems among adolescents.

The survey, which appeared in October 2006 in the *American Journal of Public Health*, took a cross-section of 10<sup>th</sup>-grade students in Oslo, Norway. They found an increase in not only mental health problems, but behavior problems as well as hyperactivity in those who drank more than four glasses of soda a day.

A close examination of diets associated with attention deficit disorder illustrates that normally only a very small percentage of children are aided through this approach. However, as far back as 1994, an article in the *Annals of Allergy* seemed to confirm just the opposite.

The professional journal published the results of a study which indicated a full 73 percent of children in the study responded favorably to a diet which eliminated reactive foods and artificial colorings. While only 26 children were included in the research, 16 of these young individuals improved to this elimination diet. Not only that but those conducting the test also noted that “Dietary factors may play a significant role in the etiology of the majority of children with ADHD.”

Perhaps the most urgent warning, though, comes from a study conducted in 2004, and published in the *Archives of Disease in Childhood*. During this investigation, the evidence that artificial food colorings and preservatives in the diets of three-year-old children produced hyperactive behavior appeared overwhelming to the researchers. Their conclusion: “There is a general adverse effect of artificial food coloring and benzoate preservatives . . . “

They felt so strongly about this they issued this statement along with their research results: Remove these additives from the diets of all children – whether they display prior hyperactive symptoms or not.

The researchers emphasized that their study only used 20 mg of the coloring in the beverages. In the then popular food green ketchup only one tablespoon of the condiment contained 150 mg of coloring.

### **And the opposing view . . .**

Of course, we know that more than 10 years later, professionals still can't see a conclusive link. An article in the *Journal of the American Dietetic Association* studied the results of a series of scientific studies. The goal of this study was to establish Dr. Feingold's claim that up to 75 percent of ADD/ADHD is diet related and more specifically directed related to additives.

The results show a much different picture of the so-called problem. Only two percent of hyperactive children, this report concluded, responded negatively to

the presence of dye additives in the food. That's a far cry, they say from Feingold's contention of more than three quarters. But even that figure, the researcher claims is actually questionable.

The article went even so far to claim – like Barkley did in his book – that this line of research should be scaled back if not abandoned. Hyperactivity, the authors insist, possesses many causes, which requires many other kinds of biological and psychological research.

### **Is it there a link . . . or not?**

The link between diet and ADD/ADHD only matters to you if it affects your child's behavior. All that statistics in the world that either say a diet free of additives and sugars helps or doesn't simply will not change your child's reaction to these substances.

If you decide to try this diet, it's important to keep an open mind and a very keen sense of observation. This is the only way you'll truly know if your child's disorder can be helped through a modified diet.

If it can – that's great! But don't be too disappointed if it doesn't. Do note, though, how a healthier diet nearly void of artificial colorings is a healthy alternative for the entire family – regardless of its affect on your child's symptoms.

## **Chapter 3: The Feingold Program Explained**

It's puzzling. The medical community blasts the idea that what has been popularized as *The Feingold Diet*, for its ineffectiveness, even its lack of results in clinical trials.

Yet, thousands upon thousands of parents have placed their children on this diet – whose main thrust is to eliminate all food additives – and are pleased with the improvement in their children's symptoms of ADD/ADHD.

And indeed, the Feingold Diet seems to have stood the test of time. It's been used for nearly 30 years now.

The Feingold Program or Diet is named after Dr. Benjamin Feingold. He developed this eating regimen after years of observation. He was Chief Emeritus of the Department of Allergy at the Kaiser Foundation Hospital and Permanente Medical Group in San Francisco.

He noticed throughout his practice that when he prescribed dietary changes for his patients suffering with hives, asthma or other allergic reactions, they experienced a remarkable – if unexpected – side effect. Those children who experience behavioral problems were free of them.

In fact, he claimed that at least 30 and perhaps 50 percent of his patients who were also hyperactive benefited from diets that eliminated artificial colorings, flavorings and other chemicals – some of which were natural.

In the last generation, many variations of the Feingold Diet have also appeared. Nutritionists possess all sorts of advice for parents of ADD/ADHD children to try. And parents seem eager to listen.

### **The Feingold Diet In a Nutshell**

The idea of the diet is remarkably simple. Actually adhering to it is quite difficult – and because of the way society eats – may be getting progressively harder every day. But proponents of this dietary regimen agree that it's very definitely worth the effort.

Simply stated, the Feingold Diet bases its rationale on the concept that some children are either allergic or sensitive to specific foods. These allergies and sensitivities display themselves in the form of ADD/ADHD symptoms.

Specifically, Dr. Feingold stated the reactions to these foods could be revealed in three ways:

1. Behavior problems,
2. Learning difficulties and
3. Health concerns

Dr. Feingold said that a child who is allergic or sensitive to some foods may develop symptoms of hyperactivity, both impulsive and compulsive actions as well as emotional issues.

Symptoms related to learning, Dr. Feingold explained, could include a short attention span, cognitive and perceptual disturbances as well as neuro-muscular difficulties.

And finally, the child may, due to the type of foods he's eating, also complain of specific physical health problems as well as encounter sleep problems.

The original Feingold Program is much like an elimination diet – you first take certain foods out of your child's diet – and then observe and evaluate his behavior. This is a two-fold process. In the initial phase, you eliminate chemical compounds in specific food additives and salicylate compounds found in foods. But, to be truly effective, at this stage you must also remove all non-food items as well, like perfumes and other fragrances found throughout the house.

In the second part of the program, you then begin the process of gradually reintroducing salicylates to determine which – if any – your child can tolerate.

### **What are salicylates?**

Salicylates are naturally occurring chemicals found in many plants, including many of our most common fruits, vegetables and herbs. A salicylate for a plant is very similar to our immune system. This chemical is, in fact, a natural immune hormone and preservative. It protects the plants from diseases, insects, fungi as well as harmful bacteria.

In addition to occurring naturally, salicylates can also be created synthetically. The synthetic versions are found in many medicines, perfumes and preservatives.

If exposed to salicylates in large enough quantities, they are harmful to all of us. Most of us, though, can at least tolerate the amount we normally encounter in our daily lives – in foods, household products and medications. On the whole, the majority of us can't detect any adverse effects on our general health.

There is, however, a small percentage of the population who experiences extreme reactions to these chemicals. And it's not children who may have these

adverse reactions – many adults develop allergic reactions when around them too.

Sometimes the reaction is dose-related. These individuals are fine around these substances in small quantities, but in larger amounts exhibit the symptoms of sensitivity. Salicylates have a cumulative effect upon the body. They linger and build up. This means that while a person may be able to tolerate small doses of this substance, he may reach the point after repeated exposure, of displaying a sensitivity. This is called “salicylate sensitivity’ or some refer to it as “salicylate intolerance.”

A complete list of the symptoms of salicylate sensitivity is quite sweeping. It’s so sweeping, in fact, that I felt compelled to include them as an appendix at the end of this report.

Salicylates are found in many foods. These are the foods forbidden on the Feingold program including:

Almonds	Peaches
Apples	Peppers (both bell and chili)
Apricots	Pickles
Berries	Plums
Cherries	Prunes
Cloves	Raisins
Coffee	Rose hips
Cucumbers	Tangelos
Currants	Tangerines
Grapes	Tea
Nectarines	Tomatoes
Oranges	

The following is a partial list of the foods that are permitted on this program.

### **Vegetables**

bean sprouts	lettuce
beans	mushrooms
beets	onions
broccoli	peas
Brussels sprouts	potatoes
cabbage	spinach
carrots	squash
cauliflower	sweet corn
celery	sweet potato
kale	zucchini
lentils	

## Fruits

bananas  
cantaloupes  
dates  
grapefruit  
honeydew  
kiwi

lemons  
mangoes  
papaya  
pears  
pineapple  
watermelon

## Food additives to avoid

The Feingold Diet lists the following food additives as off-limits to children with ADD/ADHD:

- **Synthetic colorings** made from petroleum or crude oil. You'll recognize these because they'll be names like Red 40 and Yellow 5 on the label of foods.
- **Artificial flavorings.** These may be manufactured from a combination of natural and synthetic chemicals. For example, some imitation vanilla flavoring – what some call “vanillin” – may start as a waste product of paper mills. Even though these type of flavorings are found in many foods, very little serious research has been conducted on their safety.
- **Artificial preservatives.** You'll recognize these by their initials: BHA, BHT, TBHQ. Like the synthetic coloring they are manufactured from petroleum based ingredients. Sometimes you'll see these listed as “antioxidants.” Don't confuse these with the naturally occurring antioxidant class of vitamins. These are labeled in this manner because of their ability to prevent or delay the “oxidization” of fats in foods, which causes the foods to ultimately spoil.
- **Salicylates.**
- **All artificial sweeteners.** The most prevalent of these is aspartame. But others include acesulfame-K, saccharin and sucralose

There are several other food additives that are not required to be eliminated at this point, but should be noted as possibly causing problems. These include MSG, sodium benzoate, nitrites and sulfites.

In the strictest adherence to the Feingold Program, all of the above items should be eliminated together. What you're left with is a very healthy whole foods diet, devoid of processed foods. Once you're practicing this diet, then the Program recommends that you re-introduce the salicylate containing foods one at a time. You monitor your child for physical, mental or behavior symptoms at this time. If you notice any, then obviously that food is not part of your child's diet.

## **And then there's the modified Feingold approach . . .**

There is however, another less strict approach that many families take that appears to work just as well for them. It's based on the results of scientific studies that many children display a sensitivity to dyes. These families begin the Program by only eliminating foods that contain artificial colorings.

If you consider going this route, it's good to keep in mind that artificial colorings are also found in children's vitamins (how else would we get them to eat them!) as well as many drugs – even prescription drugs – and toothpastes. To be truly effective, your efforts would have to include the elimination of these items as well.

If you've excluded all the dyes from your child's diet and still find that this doesn't alleviate the symptoms of ADD/ADHD, then you may want to try the complete Feingold Diet.

And if that doesn't help? Remember that list of additives above that we told you not to worry about? Now's the time to start eliminating them from your child's diet. One or more of them may be the culprit. Here is a complete list with the type of foods where the chemicals are found:

**Sodium nitrite.** These are found in luncheon meats and most children's favorite foods – the hot dog.

**Calcium propionate.** This is added to most store-bought baked goods

**MSG.** It's full name is monosodium glutamate and it's found in many packaged foods.

**HVP.** These initials stand for hydrolyzed vegetable protein and it contains glutamate.

**Corn syrup, high-fructose corn syrup and corn sugar.** You can find these in just about all sweetened foods and in soft drinks.

## **Record your findings**

Consider using a notebook to help you track the progress of your child with all of these various foods and additives. You may do this in any number of ways. You may want to describe in narrative form what his behavior was like **before** you began the elimination process. Or you just might want to give his behavior a rating with a few short notes on why you rated him this way. I've included, in Appendix II of this digital book, two sample charts that may help you track your child's eating patterns as well as any variations in ADD/ADHD symptoms.

Allow several weeks to pass to test whether your child's symptoms of ADD/ADHD have improved. If they have, then slowly reintroduce on food or ingredient back into your child's diet. Introduce these only one at a time. Allow

several days to pass. In this way you can get a full picture of your child's symptoms in relation to the food.

If his symptoms do recur with exposure to a certain food, wait a few days and then introduce it again. This ensures that it is indeed the food or additive that is the cause of the symptoms. This also insures that the introduction of the food and the re-emergence of the symptoms were not coincidental.

### **The Few-Foods Diet**

I've done all that, and my child's behavior still hasn't improved? Is there anything else I can do? As a matter of fact there is. You can try what many people call a "few-foods" diet. This is an adaptation of an elimination diet. It involves more restrictions. Using this method, though, you may be able to isolate a specific food to which your child is sensitive.

These are the most common foods that many children seem to have a reaction or sensitivity to. Start with these. You'll want to eliminate as many as you possibly can, as well as keeping your child from the artificial colorings and additives. While on this elimination diet, your child may still have fresh meat and poultry, all vegetables with the exception of corn and soybeans.

He can also eat just about every fruit and drink all fruit juices except for citrus as well as rice and oats. The foods to eliminate are:

- Wheat
- Eggs
- Milk
- Dairy products
- Chocolate
- Soybeans
- Tofu
- Corn products (this includes corn sugar and corn syrup)

Of course, the same protocol should be used in tracking your child's reaction to these foods. Slowly introduce the foods back into your child's diet. Record his behavior and what food was added. Eventually, you may be able to pinpoint what food – if any – is affecting your child's ADD/ADHD symptoms.

## **Chapter 4: Other – Crucial – Dietary Recommendations**

For most of us, adopting the Feingold Program would be a pretty tall order. If you don't think you can adapt to the program all at once, there's nothing to prevent you from at least exploring the possibility of ***reducing your consumption of processed foods as well as sugar.***

There are plenty of organizations devoted to the cause of helping families manage ADD/ADHD who have effective ideas of dietary changes that could help alleviate some of the worse symptoms of the disorder.

It's no secret that what we eat not only affects our heart . . . our blood sugar levels in the form of possible diabetes. . . as well as our overall health. But what many of us don't realize is that what we eat also affects the health of our brain.

You've probably noticed it in your own diet. When you eat some foods, you just feel like your thinking in a thick fog. You can't seem to get work brain in gear. Eating other foods, however, helps to perk you up and keeps your gears working flawlessly.

Many people contend that this is the same with an individual with ADD/ADHD. If you think certain changes in your child's diet may help alleviate some of the more troubling or more pronounced symptoms, then it's definitely worth a try. And I've included a few ideas to get you started.

### **Let high protein, low carbohydrate become your mantra**

High protein. Low carbohydrate. This, some experts say, is how those with ADD/ADHD should eat. And it's crucial that the change should begin with the first meal of the day: breakfast. That may mean a drastic change in your child's breakfast menu.

Replace her cereal and milk with a serving of eggs, some (lean) breakfast meat and toast. Cereals are mostly carbohydrates and sugar, which by many accounts, are the worst combination for the brain affected with ADD/ADHD. (And by the way, did you realize that nearly one third of all children are actually allergic to milk?)

Breakfast, some nutritionists contend, should be composed of approximately 60 to 70 percent protein, with the remainder coming from the carbohydrate family.

Other meals of the day could be composed of half protein and half carbohydrates, these experts explain.

## **Don't be afraid to use protein supplements**

If you need to, offer your child a protein shake for breakfast. Today there are many on the market. If you have trouble deciding which would be the best, don't hesitate to ask your local health food store. Tell them what you're looking for and why. You'll be surprised at how knowledgeable many of these individuals are.

For older adolescents (or adults with ADD/DHD), one expert on the subject even suggests mixing a high quality protein shake with a cup of coffee made with one of those instant flavored coffees. Before you shake your head at this and turn away . . . consider his reasoning.

Yes, these flavored instant coffees have dried milk and sugar . . . certainly two items that should be avoided, according to the Feingold Program. But he weighs the importance of actually getting a teen to drink this compared to the amount of additives found in the mixture. It's more important to this ADD/ADHD expert that the teen drink the protein supplement.

And yes, there is a small amount of caffeine in the flavored coffee, but that's a good thing. And that's exactly why he's recommending it. He says that for many teens – as well as adults with ADD/ADHD – the amount of caffeine found in this coffee works in much the same way a small dose of Ritalin would. In fact, 100 mg of caffeine is about the equivalent of 5 mg of Ritalin, he explains.

Caffeine – like all stimulants -- is considered to be a vasodilator. This means it allows the blood vessels to widen to allow more blood flow into the brain. And according to many experts, this is one of the primary physiological problems that causes ADD/ADHD in the first place.

Those who have ADD/ADHD appear to have a lack of blood flow to specific areas of the brain. That's why stimulants – ironically – help to alleviate the symptoms of attention deficit hyperactivity disorder in some children and adults.

The amount of caffeine found in the coffee actually does help people focus better, he explained. The protein works to feed the brain. He believes it's a great combination. He also suggests another protein shake like this around 3 p.m. That's the notorious time of the day when many of us feel sluggish not only mentally, but physically as well.

Take the protein mix, the flavored cup of instant coffee and pour it into your blender. Add about six ounces of ice. Blend it well.

## **Let water become your child's beverage of choice**

You've heard it before. But I'm going to say it again. Have your child drink water . . . water . . . and even more water. How much water? Between seven and 10 glasses a day isn't too much. In fact, that would be right in line with others who advocate we all start drinking more water.

Don't fool yourself into thinking that by supplying your child with any other kind of liquid you're making a great substitution. You're not. Gatorade . . . tea . . . ices . . . sodas . . . are not water. And some of these drinks can actually help take the water from your child's system faster.

**Omega 3-fatty acids.** This supplement has been known to help alleviate symptoms of ADD/ADHD in many children. While found naturally in salmon and other cold water fish, this is a naturally occurring substance that we don't normally eat in abundance in our daily diet. It's a good idea to supplement your child's diet with this vital fatty acid.

## **Discover the natural power of fruits and vegetables.**

There are so many reasons to eat an abundance of fruits and vegetables, it seems impossible to list them all. They are great all-purpose sources of antioxidants, as well abundantly rich in so many of the vitamins crucial to your health.

And if you can get your child with ADD/ADHD more fruits and vegetables, then he'll be less hungry for the junk and processed foods. Think of how much healthier it would be for him to turn to an apple or carrot sticks after school instead of eating microwaved macaroni and cheese or potato chips.

Be sure, however, to wash all fresh fruits and vegetables thoroughly before serving them. This ensures you are getting as much of the pesticide from them as possible.

## **Learn the fine art of reading nutrition labels**

There's no time like the present. If you haven't already developed the habit of reading nutritional labels on foods, now's a great time to begin!

You'll want to learn how to do this so you know exactly what ingredients your child is ingesting with his foods. Not only that, these labels inform you of the nutritional value of the foods.

So you've selected a food from your grocery store shelf. There you stand with your cart. Where do you even begin to figure out what's in it?

First, search for the list of ingredients. Many times these are on the back of the package. Sometimes, though, you'll find them on one of the side panels. The list is arranged according to ingredient amount. The farther up on the list the ingredient appears, the more of that substance is in the food. Let's look at a typical granola bar. It resembles something like this: sugar, rolled oats, dextrose, wheat flakes, rice, dried lemon, soybeans, fructose, corn syrup, partially hydrogenated peanut and soybean oil, non-fat milk, almonds, malt, sorbitol, and flavoring.

The most abundant ingredient in this granola bar is sugar. Not really encouraging if you're buying this as an alternative to a candy bar, now is it? The second most abundant ingredient found in it is rolled oats. And so it goes on down the list.

But let's pay close attention to the ingredients of this granola bar for another reason. Let's say you are attempting to substitute a "healthy" granola bar for the chocolaty, sugar-packed candy bar your child **wants to eat** after school when he gets home.

You've just discovered that there is more sugar in this allegedly healthy granola bar than rolled oats. But if you read carefully on down the list of ingredients, you'll find that you haven't even discovered all the sugar lurking in this bar.

Dextrose is a form of sugar. That's the third ingredient listed. Fructose is the eighth listed ingredient. It too is a type of sugar. The ninth ingredient corn syrup is also sugar. And wait! Sorbitol. Do you know what that is? Bingo! Even more sugar.

A full one-third of the 15 ingredients are various forms of sugar. Pretty clever of those manufacturers to "hide" all that sugar in what we naively presumed was a healthy granola bar. Well, at least it was advertised as being healthy!

Next, you'll want to look for the "Nutrition Facts" on the label. This chart displays the amount of each nutrient found in the particular product. You're no doubt familiar with the look of the label. One of the first items it illustrates is the serving size. Pay special attention to this. All too often a serving size is much smaller than the amount of the food we normally eat.

This can be quite misleading. Check out the "Nutrition Facts" on a can of soda. What's the serving size? Usually less than the entire can. We are so conditioned to drinking an entire can, we, quite frankly, consider it a single serving. More often than not a can is a serving and a half – sometimes two.

If you want a true picture of the calories, the sugars and other ingredients listed, then you have to do some quick arithmetic. Multiply the number of servings by the calorie content listed. Now you really know how many calories are in that can of soda!

Another vital piece of information on this label is the amount of sugar that is in this food. To give you a rough estimate on this, you need to know that approximately four grams of sugar equal one teaspoon. An average serving of soda contains approximately 10 to 12 teaspoons of sugar.

You'll want to be wary of packages whose labels shout at you: "Pure", "Natural" or even "All Natural" and "100% Natural". Read past that "advertising" and check out the ingredients for yourself. You may be surprised at the number of artificial colors, flavors and even preservatives are hiding in a food that's supposedly "100% Natural."

To get an idea of what these label really tell you, open up your kitchen cabinet. Start with the food in your own house to discover exactly what is in the food you're eating right now. Not every ingredient will explicitly say it's artificial. Especially keep your eyes open for such terms as "color added", U.S. Certified Colors, "tartrazine," or "yellow dye #5". Each of these terms means that artificial color is added to the food.

There are alternatives to artificial color – believe it or not! If the labels on some of your foods indicate that the food is "naturally colored with carotene." Other natural dyes include saffron, turmeric, cochineal and annatto.

You'll also want to look closely specifically for preservatives. These are found under the initials BHA and BHT. The Feingold Program specifically advises children with ADD/ADHD to steer clear of them. BHA by the way is short for butylated hydroxyanisole. The initials BHT stand for butylated hydroxytoluene. Other preservatives include sodium nitrite or nitrate and sodium benzoate

## **Chapter 5: Additives, Preservatives and Other Necessary Evils of the Modern Diet**

In a very real way, they are the necessary evils of our modern diet. They allow us to lead the progressive life we do now. They released the housewife from the daily chores of cooking all day long. Without them it might even be impossible to have two-family incomes.

What am I talking about? Food preservatives. These ingredients which are added to our foods allow for a longer shelf life. Without them, we'd find families cooking more foods from scratch.

While that's great from a health point of view, sometimes it's just not feasible from a time standpoint. At least, not without some forethought and planning.

So what are these additives and preservatives we've practically label as monsters? And more importantly, why are they so detrimental to our health? And finally, how can we minimize or – better yet – eliminate them totally from our diet.

I've presented only a brief outline of two of the most common of the additives and preservatives. You might be in for a surprise on the composition of some of these ingredients.

### **Sodium Nitrite.**

It's one of the food additives that the Feingold Program suggests you remove from your child's diet.

Have you ever noticed that some luncheon meats never seem to spoil? Have you ever noticed how long hot dogs can stay in your refrigerator before they spoil? The reason? Sodium nitrite.

It's undoubtedly one of the most used food additives on the market today. It's used in just about every packaged meat: bacon, hot dogs, ham, breakfast sausage, luncheon and deli meats, pepperoni and beef jerky.

Sodium nitrite can even be found in the meats of some canned soups.

Does it cause your child's ADD/ADHD? Hard to say. But it just might be an additive you want to avoid, because it seems to have other qualities that may be hazardous to your health.

Some experts believe, for example, that this preservative is responsible for pancreatic cancer. They say that consuming even moderate amounts of foods containing sodium nitrite can increase your risk of this dangerous disease.

Other research links higher rates of leukemia with the consumption of hot dogs. And some health-care experts even advise expectant mothers to avoid processed meats. The sodium nitrite in them, they claim, is linked to a heightened risk of brain tumors in infants.

If you're planning on eliminating them from your child's diet in order to gauge the changes in his ADD/ADHD symptoms, you might just want to think twice before replacing it.

So how do you avoid sodium nitrite? It might not be as easy as you think. Obviously you'll want to begin by not eating processed meat. But your efforts need to extend just a little further than that. You'll need to carefully choose all processed foods you buy as well as the entrees you order at restaurants (especially of the fast food variety!) Sodium nitrite is found in literally thousands of items at restaurants nationwide.

When you visit the grocery store, search specifically for "nitrite-free" products. Some manufacturers are beginning to offer them. If you can't find them at your local store, you should be able to locate them at your local health food store.

## **Aspartame**

You may swear that you never use the stuff. You never use Equal or NutraSweet – the brands under which aspartame is marketed – in your coffee. Yet, it's in the diet soda you're sipping right now!

But wait, since you don't drink diet soda, you feel pretty smug, don't you. And having heard some of the negative stories about this product, you do try to limit your child's consumption of it.

So it would probably astound you to learn that **aspartame is found in more than 5,000 products stretching across 60 countries!**

What do you think your odds of encountering it are? Besides, you argue, trying to be logical, if it's that pervasive, just how dangerous it can be? Well, it seems pretty darn dangerous.

First, let's just say that aspartame is in nearly every diet food on the market today – and many other unsuspecting products that aren't diet related or labeled as sugar free.

## **Just what goes into aspartame?**

The chemical composition of aspartame reads like a who's who of the world's most dangerous substances. A full 50 percent of this sugar substitute is made from phenylalanine. Proponents of aspartame explain that phenylalanine is an amino acid and is safe. They, however, fail to explain to you the rest of the story.

Yes, amino acids are normally safe. And yes, amino acids are essential for the proper functioning of the body. But only when they work in the context and in proportion to all the other natural substances found in your system. When a single amino acid gains dominance – as it does when you consume aspartame on a regular basis – then your body suffers. When phenylalanine gains dominance then your threshold to seizures is lowered.

### **. The next 40 percent of this sugar substitute . . .**

is made from something called aspartic acid. This particular substance has been known to cause lesions in the brains of mice and other laboratory animals. If that weren't bad enough, this substance, additionally, breaks down into methanol, or more specifically 10 percent wood alcohol (by weight), formaldehyde, formic acid and DKP or diketopiperazine. This last ingredient is a brain tumor agent.

Aspartame begins to breakdown into these deadly separate ingredients when exposed to temperatures greater than 85 degrees Fahrenheit. Our average body temperature is 98.6 degrees. This ubiquitous sugar substitute starts its deadly transformation approximately 10 minutes after being consumed.

The presence of aspartame literally alters the ratio of amino acids in your bloodstream, according to Janet Starr Hull, author of the book, ***Sweet Poison***. It does this by either blocking or lowering the levels of serotonin, tyrosine, dopamine, norepinephrine and adrenaline. This is one of the reasons, she explains, why the adverse effects of this substance cannot be detected through standard laboratory tests.

Some of the symptoms indicated aspartame may be causing harm to your – or your child's – system include unexplained headaches, nausea, hearing loss, vertigo, slurred speech, depression, anxiety attacks, fatigue, joint pain, chest pain and even arrhythmia.

Another symptoms is increased appetite. It seems ironic. This last symptom certainly negates the reason why millions of people turned to this sugar substitute originally: to lose weight.

Hull lists ADD/ADHD as one of the disorders the adverse side effects of aspartame may elicit.

So how can you avoid aspartame? Admittedly, it's difficult. However, with a little practice you can protect not only your child with ADD/ADHD, but your entire family from this deadly substance.

Again, you need to become a vigilant reader of labels on food products. Start with any product that you consume right now that's marked 'diet'. The chances are excellent that aspartame is in it.

But don't stop there! Look at every label for every food you buy. Don't let the fact that it's not marked 'diet' fool you. It could be lurking in all kinds of products that you couldn't even imagine. In an effort just to avoid this one substance, you may want to slowly wean yourself off some processed foods. In their place, add fresh fruits and vegetables.

In addition to all of this though, be sure your child with ADD/ADHD drinks plenty of water. Most experts recommend at least eight glasses a day. This helps to wash the ingredients out of your system.

## **Conclusion**

Some researchers in the medical community would just like to see the attempt at linking the incidence and severity of ADD/ADHD just fade away. But that just doesn't seem possible.

There are far too many people like yourself who are intensely interested in the subject, willing to work at finding answers and are patient enough to test the various foods your children eat.

Some experts claim that the search for nutritional answers to ADD/ADHD is only in its infancy. That may be so. Indeed, there is a need for more – and better -- designed clinical trials and scientific studies on the influence of food and food additives on ADD/ADHD.

Many experts have criticized parents for attempting diets like the Feingold Program. They probably don't have to live the pain of having a child with ADD/ADHD. It is true that there is no conclusive, beyond-a-shadow-of-a-doubt proof that diet influences the symptoms of this health concern. But the benefits of eating healthy, without preservatives and with less sugar (to name just a few wonderful changes!) are overwhelming. And not just for your child with ADD/ADHD. When adopted in some form by the entire family, these new eating habits can help everyone in the home to live a healthier lifestyle. Changes in diet are notable for alleviating a host of degenerative diseases, as well as providing protection to otherwise healthy individuals.

If you decide to provide your son or daughter a diet following the guidelines outlined by any of these diet programs, congratulations! Even if his ADD/ADHD symptoms don't lessen markedly, you know that over all, you're improving the well-being of your child . . . and your entire family.

# **Appendix I**

## **Symptoms of Salicylate Sensitivity**

The following is a list of the symptoms that have been reported with exposure to salicylates. This chemical, according to the Feingold Program, may be responsible for ADD/ADHD in some children. In the first stage of the Feingold Program, the doctor suggests that parents totally eliminate all foods, products and medicines containing this chemical from their children's diet.

### **Physical Symptoms**

Itchy skin	Congestion
Hives	Chest pains
Rashes	ringing in the ears
Stomach pain	Acne
Asthma	Arthritis
Swelling of hands and feet	Athlete's foot
Breathing difficulties	Blood sugar irregularities
Headaches	Breast pain
Bed wetting	Chronic fatigue syndrome
Ulcers on the mouth	Colitis
Cough that won't quit	Constant hunger
Wheezing	Constipation
Frequent need to urinate	Dizziness
Swelling of lips, face and eyelids	Irritable bowel syndrome
Unexplained fatigue	Difficulty swallowing
Skin discoloration	Menstrual problems
Anaphylaxis (rare occurrence)	Frequent ear infections
Tearing of eyes	Restless leg syndrome
Sinusitis	Sensitivity to light and noise
Nausea	Food cravings
Diarrhea	Sleep disturbances
Aching muscles and joints	Weight problems

### **Mental and Behavioral Symptoms**

Hyperactivity	Accident prone
Memory loss	Anxious feeling
Poor concentration	Unexplained anger
Cognitive and perceptual disorders	Brain fog
Depression	Confusion
Irritability	Delusions
Central nervous system depression	Difficulty waking up in the morning

Disorientation  
Dyslexia  
Fidgeting  
Hallucinations  
Hearing but not comprehending  
Apathy  
Math, spelling errors

Mood swings  
Panic attacks  
Phobias  
Poor self image  
Reading problems  
Suicidal feelings  
Feeling of tenseness

## **Appendix II**

### **Elimination Diet Chart**

Below, I've included a small chart that may help you track your child's ADD/ADHD symptoms. By doing this you don't have to depend on your memory or guess which day you felt the symptoms eased up. I've also included room so you could record what your child ate that day. Feel free to make copies of this.

This is a great tool to use even before you place your child on the Feingold Program or begin a healthy meals approach to ADD/ADHD. If you start recording your child's behavior on what he eats prior to starting the program it'll give you accurate baseline evidence to which you can compare and contrast his later behavior.

## Meal Descriptions

	<b>Breakfast</b>	<b>Lunch</b>	<b>Snack</b>	<b>Supper</b>	<b>Snack</b>
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					

## Charting The Progress

Behavior	Good 0	Mild 1	Moderate 2	Severe 3	Foods that might be responsible
Is distracted easily					
Not paying attention					
Losing or forgetting items					
Fidgety, restless					
Inappropriate running					
Difficulty waiting for his turn					