

Pure Facts

Newsletter of the Feingold® Associations of the United States



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Editorial Comment

Although Dr. Feingold cautioned against the use of artificial sweeteners, they were not incorporated into his list of excluded additives. Aspartame was approved for use in 1981, just a year before Dr. Feingold's death, but in the relatively short time which has elapsed, this sweetener has exploded into the marketplace.

The questions which have been raised during the recent Senate hearings are important ones. They are concerns Dr. Feingold raised about the use of synthetic colors, flavors and the antioxidants BHA, BHT and TBHQ. He often pointed out that food additives are not required to undergo the careful testing which is required for drugs. This is a point which was raised by Senator Metzenbaum and by some of those who testified at the hearing.

Feingold members will be gratified to know there are scientists and public officials who question the effects a chemical additive can have on the health, behavior and learning ability of susceptible individuals.

If this sort of scrutiny is applied to other additives in the future, it could result in a dramatic improvement in our food supply, and an even more dramatic reduction in the incidence of hyperactivity and learning disabilities.

NutraSweet Safety Questioned by Senate Committee

The following is a statement by Senator Howard M. Metzenbaum of Ohio before the Committee on Labor and Human Resources. The Senate hearing, entitled "NutraSweet: Health and Safety Concerns," was held on November 3rd of this year.

It has been hailed as the most successful food additive in history. One hundred million Americans use it . . . it commands over \$700 million in sales . . . over 20 billion cans of diet soft drink containing it are sold each year.

And it seems to be in everything—cereal, kids' vitamins, cocoa, puddings, even over-the-counter drugs. There's no doubt about it. NutraSweet [aspartame] has captured the hearts and the tastebuds of the American consumer.

And why not? It tastes great, contains few calories, and doesn't cause tooth decay in children. NutraSweet is the dream product. But for some consumers and scientists the dream may be too good to be true.

The FDA has received close to 4,000 consumer complaints ranging from seizures to headaches to mood alterations.

Studies and letters in the medical journals have warned of possible neurological and behavioral effects in humans, particularly in children and susceptible individuals.

- Dr. Richard Wurtman of M.I.T. has warned of a potential link to seizures.

- Dr. William Partridge of U.C.L.A. has raised concerns about excessive consumption by children.

- Dr. Louis Elsas of Emory University is worried about possible risks to pregnant women.

- Dr. Michael Mahalik at the Philadelphia College of Osteopathic Medicine warns of the possibility of brain dysfunction.

- Dr. Reuben Matalon, at the University of Illinois, has warned about potentially dangerous long-term effects on learning ability.

- Dr. Jeffery Baba, a professor of chemistry at the University of California, states that NutraSweet's decomposition products have not been adequately studied.

- Dr. Roger Coulombe, of Utah State, has cited NutraSweet's possible behavioral and neurological effects and called for new research.

In response to these concerns raised in the scientific community, we hear that NutraSweet is "the

Continued on page 2



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

most tested food additive in history," proven safe in over 100 studies that were used for FDA approval.

What we don't hear too much about is the controversial history of a number of those much-vaunted studies.

— studies which the FDA's chief legal officer once wanted investigated by a grand jury — the first such request in the agency's history.

— studies which a public board of inquiry found to be inadequate on the issue of brain tumors.

— studies which three FDA scientists called into question just weeks before a new FDA commissioner approved NutraSweet in 1981.

Any FDA approval is a scientific judgment call. We all know that. Frankly, I think there's doubt about whether they made the right call. At my request, the GAO (Government Accounting Office) investigated and said the FDA followed its approval process. But they did *not* evaluate the scientific controversy surrounding the tests. Today we will hear from a former FDA toxicologist who examined some of those key tests and believes there is still reason to be concerned about their credibility.

"If a food additive has potential neurological or behavioral effects, it should undergo human clinical testing. . . ."

But the question before this Committee is where do we go from here? I am hopeful that this hearing will produce results. We need new, independent tests of safety. We don't need the company or non-profit institutes fronting for the company, telling us this product is safe. I hope that message comes across loud and clear here today.

We should have clear, understandable labeling that tells people how much NutraSweet is in their diet soft drink, or pudding, or cereal. We should be informed about the limits recommended for consumption.

There should be an FDA hotline for consumer complaints and mandatory reporting of such complaints by the manufacturer to the FDA.

Consumer complaints range from seizures to headaches to mood alterations.

Finally, we should learn a lesson from the NutraSweet experience. If a food additive has potential neurological or behavior effects, it should undergo human clinical testing, similar to the process a drug must undergo before it is put on the market. Only animal tests were required of NutraSweet, though at one point in the approval process, FDA scientists had recommended that NutraSweet be tested like a drug. They were overruled. I wish they hadn't been — maybe a number of questions before the Committee today would have already been answered.

These are among the issues I hope to examine at this hearing. Today we will hear from consumers who believe they have experienced severe reactions to NutraSweet, and a physician who has observed such reactions in his practice.

We will hear from scientists on both sides of the controversy and from the Commissioner of the Food and Drug Administration. We will hear from a consumer attorney who is not only concerned about NutraSweet, but also about the way basic research on the safety of foods is conducted in this country.

"I just want to be sure NutraSweet . . . is safe beyond doubt."

Finally, we will hear from the President of NutraSweet, Mr. Robert Shapiro. I have met Mr. Shapiro previously. In fact, we have engaged in lengthy negotiations earlier this year on getting new independent tests of safety. We haven't gotten there yet. I believe that the company was above-board and negotiated in good faith. However, we reached an impasse when it came to who would do the research. I am frank to say that the NutraSweet Company, the food and beverage industry, and their various institutes, exert tremendous influence over scientific research and investigation. I want to make sure such work is genuinely independent. I do not believe that the scientists who have raised concerns about safety should be excluded from the process, and I am hopeful that the company will see fit to reopen these negotiations following this hearing.

In conclusion, let me say this. I know that diabetics and others in this country need artificial sweeteners. I want them to have them. I just want to be sure that an artificial sweetener like NutraSweet — which is being consumed by so many people in such vast amounts — is safe beyond doubt. I do not have that confidence sitting here today.



Seasonal Notes

• The glues on stamps and envelopes are often artificially flavored. Give your holiday helper a damp sponge to use instead of his tongue.

• Projects which use paints, solvents, etc. are best for the times when the weather permits wide-open windows.

• Most children like to eat snow, but if a child is very sensitive, the pollutants which accumulate in snow could cause a reaction.

• Kerosene heaters give off fumes which can cause reactions for sensitive people. If you want a space heater, electric is a good choice.

'Hyperactive' Adults

Very few adults display the typical symptoms one associates with the term "hyperactivity." But behavior and learning problems don't disappear with the onset of adolescence, as Feingold families can testify.

"I think there are many adults who are having difficulties with relationships, with work and with themselves," notes Dr. Walid Shekim, of U.C.L.A.'s Neuropsychiatric Institute, "and the diagnosis of adult hyperactivity has not been applied yet."

Difficulty in concentrating, trouble in sticking with a task, interrupting, nervousness and irritability are a few of the characteristics of the hyperactive adult.

These individuals "are no longer throwing spitballs," according to Paul Wender of the University of Utah Medical Center, "but they may get irritable at traffic lights."

Hyperactivity does not magically disappear with puberty.

Women are susceptible to these problems too, despite the pervasive belief that girls are not often hyperactive. In fact, as many women are affected as men. But because girls are less likely to exhibit the symptoms of physical overactivity, they are often overlooked.

One of the classic symptoms of hyperactivity is the lack of impulse control. Researchers at the Robert

W. Johnson Medical School in Piscataway, N.J., have found a link between a chemical imbalance in the brain and an addiction to gambling.

They note that the lack of impulse control in the compulsive gambler may be due to a lowered level of serotonin in the brain.

A four-year study indicates that EEG readings of the compulsive gamblers showed brain activity similar to that of children who have been diagnosed with ADD (attention deficit disorder — the newest name for what had previously been called hyperactivity).

Shekim believes that many hyperactive adults drink too much or turn to drugs in an attempt to relieve their symptoms.

The combination of poor impulse control and substance abuse is a recipe for social disaster.

Diagnosis Dilemma

The chemically sensitive adult is often overlooked.

by Colleen Smethers, R.N.

In my unique position of Feingold volunteer/parent and also Medical Nurse Practitioner in a large West Coast HMO [health maintenance organization], I have become increasingly aware of the large segment of adult "dis-eased" patients who are unrecognized as being sensitive to chemical additives.

These patients come to our clinic complaining of combinations of vague symptoms that sometimes have medically bizarre patterns. Many of them also have more serious problems. Among the



Colleen Smethers, R.N.

most often noted complaints are: insomnia, hives, allergies, debilitating headaches and asthma that can span the spectrum from slight exertional shortness of breath to life-threatening episodes.

These chronically unwell people have generally seen many different doctors who have offered little except a variety of pills and, in some cases, a not-too-friendly referral to the local mental health facility.

Severe asthmatic attacks brought Vickie to the emergency room several times a week.

One of our recent adult patients is a 27-year-old newly married young woman named Vickie. She has a lifelong history of allergies — mainly the hay fever type.

Two years ago she suddenly developed asthma, and began to experience severe attacks. In addition to the oral medications, three different inhalers, and her own breathing treatment machine at home,

An Adult Writes to FAUS

"I just read your article about hyperactive children and their diets. I too was a hyperactive child and now as an adult which has led me to a prison term.

I have a son who is hyperactive and your article interested me very much. Getting to one of the causes of hyperactivity instead of medicating is a great alternative to trying to control the problem.

I've learned to control my hyperactivity by lots of activity and hobbies but sometimes I just can't handle it. I did drugs a lot to suppress myself which led me here.

"I will be heard for parole soon and Lord willing I will be home with my family soon. I would like to try that special diet. It would be nice to eliminate some of my hyperness and settle my son down."

Vickie was still spending three to four nights a week in the emergency room for intravenous prednisone and adrenalin injections.

Continued on page 4

Diagnosis Dilemma, from page 3

Despite all this medical treatment she grew steadily worse. Her pulmonary doctor told her she should move away from California and her allergist advised this young couple never to have children since her husband has a childhood history of asthma as well.

Vickie was already aware that sodium metabisulfites made her asthma worse, and yet, unknown to her, some of her medications were preserved with sulfites.

The young couple was told never to have children.

She and her very supportive husband committed themselves to a trial on the Feingold Program and worked hard changing their food habits. They accomplished this quickly and with a minimum of errors.

Now, after more than 16 weeks of dietary management and slowly decreasing her medication by more than 80 percent, Vickie has not had even a moderately severe asthma episode. She has been able to go back to work and is virtually blooming with new-found health.

Many times during the clinic day I hear myself asking patients the same questions I ask when talking to people who are interested in the Feingold Program:

- Is there a family history of hyperactivity or learning disabilities?
- Have you also experienced these difficulties?
- How did you get along in school?
- What happens when you take aspirin?
- Have you ever noticed that anything you have ingested, inhaled or come in contact with, made the symptoms worse?

Generally it doesn't take long to identify the person who may be che-

mically sensitive. The problem is that the general medical community fails to make the association between symptoms and sensitivities, and so never asks the questions.

I believe that chemical sensitivity in the adult and/or child is one of the biggest problems facing our medical society today. It is also the least recognized by clinicians.

Unfortunately, the only path to alleviation of these symptoms is often the path the patient finds for himself. If we continue to let people know of the work of the Feingold Association, there will be a greater awareness of the problem, not only among the general population, but also within the medical community.

Asthma is one of many health problems which is rapidly increasing. In a recent story covering the serious problem of asthmatic children, ABC Television reported that there will be 4,000 deaths from asthma in the coming year.

Scientists Testify at Senate Hearing

Louis J. Elsas, M.D., pointed out that phenylalanine (a component of aspartame) is a neurotoxin when consumed in excess. He stated: Normal humans do not metabolize phenylalanine as efficiently as do lower species such as rodents, and thus most of the previous studies of aspartame effects on rats are irrelevant to the question, "Does phenylalanine excess occur with aspartame ingestion?" and if so, "Will it adversely affect human brain function?"

Dr. Elsas is Director, Division of Medical Genetics, Professor of Pediatrics, Emory University School of Medicine.

William M. Pardridge, M.D., expressed concern over the possibility of increased levels of phenylalanine in the blood as a result of aspartame intake.

He cited a study, published in the *New England Journal of Medicine* (1983;309:1269-1274), which showed that a fivefold increase in aspartame consumption by a pregnant

woman can lower the IQ of her baby by 10 points.

Dr. Pardridge is Professor of Medicine, Division of Endocrinology and Brain Research Institute, Blood-Brain Barrier Laboratory at U.C.L.A.

... a five-fold increase in aspartame consumption by a pregnant woman can lower the IQ of her baby by 10 points.

M. Jacqueline Verrett, Ph.D., examined some of the studies on aspartame in her position as a Biochemist/Toxicologist for the FDA. She described some of the deficiencies and improper procedures:

"... no protocol was written until the study was well underway;

animals were not permanently tagged to avoid mixups; changes were introduced in some laboratory methods during the study with inadequate documentation; there was sporadic monitoring and/or inadequate reporting of food consumption and animal weights; tumors were removed and the animals returned to the study; animals were recorded as dead, but subsequent records ... indicated the same animal was still alive; many animal tissues were decomposed before any postmortem examinations were performed. ...

"Almost any single one of these aberrations would suffice to negate a study designed to assess the safety of a food additive, and most certainly a combination of many such improper practices would, since the results are bound to be compromised."

Richard Wurtman of M.I.T. expressed concern that the actual use of aspartame is far greater than the

Continued on page 5

Scientists testify, from page 4

amount the FDA believed people would be ingesting when it approved the use of the sweetener. Since manufacturers are not required to list the amount of aspartame in a food, there is no way of knowing how much one is consuming.

He called for a change in FDA policy which would require food additives to undergo the same testing procedure which is required for drugs. This would include clinical trials on humans, not just animal studies.

He called for food additives to be tested in the same way drugs are tested.

It is particularly important that a substance like aspartame be carefully tested, he noted, since people do not expect a sweetener to have side effects as they would a drug. Unlike a food additive, one takes a drug for the purpose of inducing a physiological effect.

He pointed out that a drug, which is used by relatively few people, is subjected to far more careful scrutiny than a food additive, which is used by many millions.

Dr. Wurtman's recommendations included: "That an Advisory Committee be established to recommend to the FDA *standardized tests* that can be used to uncover possible effects of candidate food additives on the *nervous system and/or behavior*, and that such testing be required before the additive can be approved for sale."

Dr. Wurtman is Director of the Clinical Research Center at M.I.T.

Dear Pure Facts

Q: I am interested in finding a vitamin-mineral supplement for adults. Please let me know what brands to look for.

A: Although supplementation with vitamins is not a part of the Feingold Program, some members use them. Please wait until you have seen a successful response to the program, and then test the vitamins as you would salicylates.

There are many adult vitamins free of synthetic colors, flavors and the unwanted antioxidant preservatives. The biggest problem with vitamins is that the chewable children's varieties generally contain synthetic dyes and flavorings.

If you have access to a health food store, or if there is a natural products section in your supermarket or drug store, this is a good place to shop for vitamins. Not only are most of the vitamins free of synthetic colors and flavors, but the labels are generally comprehensive.

For members who want to supplement their diet with vitamin C, there are many plain white ascorbic acid tablets available. If you are salicylate sensitive, avoid vitamins with added rose hips or acerola. These are believed to be salicylates.

You can also contact FAUS or your local association for a list of vitamins which have been researched and found to be free of synthetic colors, flavors, BHA, BHT and TBHQ.



Q: Do you have a good frosting recipe for a "chocoholic" in a hurry?

A: Here's a favorite from the Hershey company:

One-bowl buttercream Frosting (No cooking!)

6 Tablespoons butter (softened)
Cocoa (Hershey's or other approved brand):

1/3 cup for light flavor

1/2 cup for medium flavor

3/4 cup for dark flavor

2 2/3 cups unsifted confectioner's sugar

1/3 cup milk

1 teaspoon pure vanilla extract.

Cream butter in small mixer bowl. Add cocoa and confectioner's sugar alternately with milk; beat to spreading consistency. (An additional tablespoon milk may be needed.) Blend in vanilla. Makes about 2 cups frosting.

Surimi — the Surreptitious Seafood



Surimi is the name for a fish paste designed to look and taste like expensive shellfish.

It is made primarily of inexpensive whitefish, with added flavorings and binders. Then it is extruded into the shape of crab, shrimp or lobster.

An industry spokesman explained that the flavoring is likely to be made from boiling the shells of crab, etc., to extract some flavor. The problem for Feingold members is that synthetic red coloring is added to the finished pieces to give the appearance of genuine shellfish.

Surimi is found in seafood sections of supermarkets, and is often not labeled. Consumers must be especially suspicious when ordering restaurant dishes which contain seafood.

Most of the surimi used in the United States is imported from Japan. But how about all of the *real* crabmeat which is produced by this country? Fifty percent of it is shipped to Japan!

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

Merry Christmess!

(or, Holy Smoke! A Hyperactive Christmas)



*'Tis daybreak on Christmas.
One look at his face
Says he's been cheating.
He's in outer space.*

*His stocking is mangled.
Its contents are strewn.
Picking it all up
Will take until noon.*

*He tears into gifts and
Knocks over a lamp.
Everyone wonders
Why my eyes are damp.*

*I know he's reacting
To something. Alas!
Could it have been all
That incense at Mass?*

*I realized too late as
He came up the aisle
Swinging the incense
With cherubic smile.*

*Whatever the culprit
I may never know.
One thing is certain
This day will be slow.*

*Thank goodness for Feingold!
We know this won't last.
I'll stick to Stage One.
The reaction will pass.*

*I hope that your Christmas
Was filled with delight.
Ours sure was different . . .
In fact, outtasight!*

— Mary Jo Carr

"I want to help . . ." Here's How

Newspaper articles on hyperactivity have been appearing around the country recently. Unfortunately, most have not shed any new light on the subject. Rather, they have been testimonials to the use of drugs, especially Ritalin.

In some cases, the stories imply that this is a new development. Others claim that the Ritalin somehow causes the brain of a "hyperactive" child to function normally!

Where the side effects of this powerful drug are mentioned, they are dismissed as minor irritants.

We appreciate members clipping out these and other articles on hyperactivity and sending them to the FAUS office. Please indicate the name of the newspaper and the date the story appeared. Thank you!



Sulfite caution

Just when you thought the salad bar was safe . . . the Food and Drug Administration warns that despite the "salad bar sulfite ban," diners should not assume that all salad bar items are sulfite-free. The ban, according to *Environmental Nutrition*, only prohibits sulfite use on raw fruits and vegetables. Other foods, such as shrimp, pickled peppers, and olives may be legally treated with sulfites. People who know they are allergic to sulfites should be wary of suspected foods.

— Good Health Digest

Past Issues of Pure Facts

During the past year, major articles which have appeared in *Pure Facts* include:

Antioxidants — March
Apples — September
Babies — November
Behavioral toxicology — November
BHA, BHT in pizza — October
Cereals with BHT? — April
College — September
"Color Added" — March
Depression — October
Dyes banned in England — April
European vacation — June
Fast foods for Feingolders — May
Food additive IQ test — September
Food dyes pose many risks — March
Halloween ideas — October
"Hyperactive . . . is he?" — September
Mother's Day tribute — May
Nosebleeds — February
Pineapple — July/August
Ritalin, drug therapy — July/August
"Say 'yes' to kids this summer" — June
School test scores increase — March
Seizures — April
Seriously ill child — June
Sugars — February
Symptoms of hyperactivity — September

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