

# Pure Facts

Newsletter of the Feingold® Associations of the United States



March, 1994

Vol. 18, No. 2

## New Studies:

### Effects of a few foods diet in attention deficit disorder

C M Carter, M Urbanowicz, R Hemsley, L Mantilla, S Strobel, P J Graham, E Taylor

A new British study has yielded some very positive data on the connection between diet and behavior/learning.

This is the newest in a series of studies conducted in England, adding support to the use of diet for children with learning or behavior problems.

The children who participated in the study all met DSM III criteria for attention deficit disorder and were between ages 3 and 12, with an average range of IQ scores. Prior to the start of the study, the children were given extensive assessment tests.

For a period of three to four weeks, the children were on a very restricted diet, generally consisting of: turkey, lamb, rice, potato, banana, pear, various vegetables, bottled water, sunflower oil and milk-free margarine. In some cases diets were adjusted to avoid suspect allergy foods or avoid those a child disliked.



Seventy eight children completed the first part of the study. The parents of 59 of the children reported a worthwhile improvement in behavior; 17 reported no improvement; and 2 were said to become worse. This represents:

Improved: 76%  
No change: 22%  
Worse: 3%

The 59 children who responded were then challenged with various foods and some food additives. Additive-containing foods were found to be the worst offenders (70% reacted).

Chocolate was the second most often reported culprit (64%). [We assume the researchers used chocolate free of the synthetic additive vanillin.] Cow's milk also provoked reactions in 64%, followed by orange (57%), cow's cheese (45%), wheat (45%), other fruits (36%), tomato (22%), and egg (18%).

The additives used consisted of a blend of ten dyes, only 4 of which are used in foods in the US, benzoic acid and sodium metabisulphite. [These preservatives are not routinely eliminated on the Feingold Program. Those which we do remove — BHA, BHT and TBHQ — are restricted in England.

The amount of additives given to the children was quite small, the upper limit of the dyes being 26 mg per day.

*Continued on page 3*

### Increase in ADD and behavior problems

Research published in the *Journal of the American Academy of Child and Adolescent Psychiatry* documents a significant increase in troubled children.

In a study covering 2000 children between 1976 and 1989 the number of childhood disorders increased significantly, according to Dr. Thomas Achenback director of the Center for Children, Youth and Families at the University of Vermont.

In 1976 the data collected indicated

that about 10% of the children exhibited problems serious enough to make them candidates for mental health services. By 1989 the number needing help increased to 18%.

Of the 118 problems listed, the most frequent of the troubling characteristics seen include: inability to sit still and to

concentrate, daydreaming, impulsiveness, poor school performance, aggressive/delinquent behavior, stubborn, disobedient, demands attention, talks too much, feels sad/anxious/depressed, sulks, is withdrawn/lonely, has a hot temper.

Sound familiar?

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

Special issue on studies

## No More "ADHD" for Joseph

Joseph Hackett is a bright, articulate ten year old who likes the way he feels now that he's on the Feingold Program.

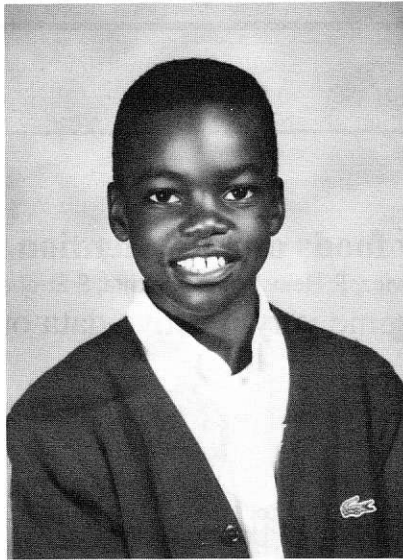
His mom, Amanda, describes him as having been a 'fussy' baby, and after she gave him a bottle containing a well-known brand of 'punch' Joseph became very sick.

Because of her background in health care and special education, Amanda had read about food additives, and suspected dye as the culprit. As a toddler, Joseph would be very 'antsy' after eating [synthetically dyed/flavored] popsicles, but it wasn't until kindergarten that the problems became most noticeable. He had trouble sitting still and paying attention.

"They miss so much," Amanda notes, "because they can't sit still and focus in. Joseph's symptoms got worse as he continued in school, and by second grade he would be writing at his desk — standing, rather than sitting, but unaware that he was standing up.

The Hacketts briefly tried Ritalin, which made Joseph sick. They tried working with the teacher on classroom modifications, which helped a little, but the child still had difficulty, and Amanda knew that he really was unable to keep his feet from moving and his mind from racing.

Finally, Amanda took Joseph to a specialist at the Kaiser Clinic in Oakland, and he told her about the Feingold Association of the Bay Area. She was committed to using the program and was not discouraged when she did not see immediate results. Amanda recalls, "my husband hated having food that



contained preservatives like BHT, and everyone in our family cooperated with the program." Gradually, Joseph's school performance began to show the positive effects of the program, and the family's effort was rewarded with a much calmer child at home. Around the house, his 'flipping and flopping' stopped, except for those occasions when there was a diet infraction.

Once the additives had been removed Joseph's milk allergy became apparent. Although he can tolerate powdered milk, fluid milk will cause him to develop a bad cold, feel 'really funny' and have a chronic nervous cough. He can tolerate most of the salicylates, and the Hacketts eat out when they like, so the change in diet hasn't been difficult.

Asked how he feels about being on the Feingold Program, Joseph gave *Pure Facts* his perspective: "If I eat the wrong kind of candy, it makes me hyper and then I feel sick later in the day. The additives make me do wild things and run around the house, so sometimes I go outside and kick balls [to get rid of the excess energy]. If I'm in school, I have to get up a lot and fidget, and have a hard time paying attention.

"Being on the Feingold Program is o.k. If my friends offer me candy I say 'nah', and some of them know that I don't eat it." Asked if it was hard to pass up treats, Joseph replied, "I can handle that." "Some of my friends are real hyper, but their parents and teachers don't do anything about it."

Is there anything he would like to tell the people who manufacture our food? Joseph zeroed in on the high sugar content of cereals. He would tell the cereal company executives that they "should not put so much sugar in their cereals. They are making it bad for kids around the world."

Amanda has gone back to school for her master's degree in special education and will continue to teach part time in a junior high special ed classroom. She wishes that everyone who has children they even think are sensitive would look into diet and consider the Feingold Program. It has no drawbacks, and for the Hackett's "the Feingold Program has been a life saver!"

### A note from the teacher — two letters to FAUS

"Please send me the complimentary copy of your literature on how nutrition is related to behavior and learning. I am an early educator (first grade teacher) and we are seeing more learning and behavior problems than years ago, and I am becoming very interested in the problem."

"This year I have 30 children in my kindergarten class — it is really hectic! I have just finished 10 conferences because their child is always pushing, pulling, biting, etc., and you can guess my first question to the parent — do you ever give your child K---A--, etc., and the answer from every one is 'Yes, all the time.'

"Some of the parents listen to me and even though most of them won't try the total diet, it helps a little when they eliminate the K---A--. The sad thing is we have an entire school of 'wild' children (700 students) and the majority of them are on junk food, sodas, candy and gum all the time. I try to convince other teachers to talk to parents and they say it won't do any good."

### Study, from page 1

Despite the small quantity of dyes in the challenge, they had a significant effect. The authors write, "When food colours were suspected, we asked parents to give their children colour capsules. Sixteen agreed to do this. Three children were not affected, two had behavioural problems and physical symptoms, eight had behavioural problems only, and three had physical symptoms only." **Of the sixteen children who were challenged with 26 mg or less of food dyes, thirteen had adverse reactions.**

There are many differences between this study and the Feingold Program so while it cannot be seen as a test of our program, it offers some valuable support. One of the conclusions the researchers emphasized was that parental observations should be taken seriously. They write: **"This trial indicates that diet can contribute to behaviour disorders in children and that this effect can be shown in a double blind, placebo controlled trial."**

They also state: **"The ways in which diet worked remain unclear. Toxic, pharmacological, or allergic mechanisms could be involved, and the physiological effects of different foods might induce changes in brain perfusion similar to those reported in attention deficit disorder by Lou et al. These results argue against the notion that the only mechanism involved is the 'placebo effect' of expectation and suggestion, and testing this was a main purpose of the study."**

### Abstract

Seventy eight children, referred to a diet clinic because of hyperactive behaviour, were placed on a 'few foods' elimination diet. Fifty nine improved in behaviour during this open trial. For 19 of these children it was possible to disguise foods or additives, or both, that reliably provoked behavioural problems by mixing them with other tolerated foods and to test their effect in a placebo controlled double blind challenge protocol. The results of a crossover trial on these 19 children showed a significant effect for the provoking foods to worsen ratings of behaviour and to impair psychological test performance. This study shows that observations of change in behaviour associated with diet made by parents and other people with a role in the child's care can be reproduced using double blind methodology and objective assessments. Clinicians should give weight to the accounts of parents and consider this treatment in selected children with a suggestive medical history.

(*Arch Dis Child* 1993; 69:564-568)

Throughout the paper, the authors refer to the dietary regimen as difficult and restrictive. Unlike the Feingold Program, which permits a tremendous variety of foods, even in Stage One, the Carter study did severely restrict food choices. They suggest that a study design limiting only the most likely offenders might be worth pursuing.

The authors believe that a study testing additives alone would not be of much benefit since so few children appeared to react to them alone. Considering the small amount and limited number of additives used in the challenges, this conclusion is understandable.

The researcher's design allowed for a two week 'wash-out' period between testing the active material and the placebo; this is a welcomed improvement over many of the old tests. They also improved on early studies by having the children evaluated daily.

Although the children in this study met the criteria for diagnosis with attention deficit disorder, and their scores improved on one of the learning tests, the major improvements were seen in their behavior. Parents noted the children exhibited fewer of these symptoms: restless, disturbs others, cries often, and temper outbursts. The authors suggest this indicates more of an effect on irritability than on 'attention deficit'.

Feingold did not place learning difficulties in a category separate from behavior problems, but felt that, for most of the children he helped, they were simply different characteristics of the same problem.

While some children on the Feingold Program show an immediate improvement in their ability to attend and learn, many parents report that the child's behavior improves first, and school work improves gradually.

## Dangerous side effect of an antidepressant prescribed for children

A drug commonly used to treat hyperactivity, bedwetting, and depression is being investigated after reports that some children taking it have died suddenly.

Desipramine, better known by its brand name, Norpramin, has been implicated in the deaths of at least four children.

Despite the fact that the drug is not intended for use by children, *N.Y Times* writer, Daniel Goleman reports that 4.6 million prescriptions for this or chemically similar medicines were issued for children in 1992.

While desipramine, a 'tricyclic antidepressant' has been used for adults for more than 30 years, it is only recently that it has been prescribed for children — despite the fact that the drug is labeled with warnings that it is not safe for use in children.

The article was published in the July issue of the *Journal of Child and Adolescent Psychopharmacology*. The

Journal's editor, Dr. Charles Popper of the Harvard Medical School, is critical that tricyclics are routinely used to treat children, "even though the medical literature doesn't provide support for their use."

Some physicians have suggested that the deaths may be due to heart arrhythmias which the drug can trigger in sensitive children.



## Effect of Diet Treatment on Enuresis in Children with Migraine or Hyperkinetic Behavior

J. Egger, M.D., C.M. Carter, M.A., J.F. Soothill, M.D., J. Wilson, Ph.D., F.R.C.P.

This study, published in *Clinical Pediatrics* in May of 1992, is one of a series testing the effects of certain foods and food additives. Christine Carter, a dietitian, and the principal researcher in the study described on page one of the newsletter, participated in this as well.

The study involved twenty-one children whose symptoms of hyperactivity or migraine had responded to a diet consisting of few foods. All of the 21 children also suffered from enuresis (bedwetting and daytime wetting).

The researchers were able to identify offending foods and thereby enabled

twelve of the twenty-one children to recover from the enuresis, and four to improve. When the offending foods were reintroduced, the enuresis returned. Nine of the children who responded participated in a double-blind test and six of them reacted to the offending food, but none to the placebo.

### Dietary Treatment for Hyperactive Children

J. Breakey, M.Hill, C. Reilly, and H. Connell

from the *Australian Journal of Nutrition and Dietetics*, Vol 48, September 1991

"Results of this study suggest that a low-additive, low-salicylate diet has a place in the treatment of children with behavior and learning problems. Dietary factors should be considered as aggravating the underlying predispositions in susceptible children rather than as causing hyperactivity; a positive outcome from dietary intervention is one of degree. A group of 516 children (mean age = 7.8 years) received a low-additive, low-salicylate diet as part of long term management. A positive response was obtained in 79.5% of the children. A normal range of behavior

was achieved in 54.5% of the 25% in whom diet therapy was necessary but not sufficient; half also required stimulant medication. Almost 50% of the participants limited or excluded other foods, particularly chocolate, milk, and wheat. An age effect was evident — more responders were in the under-9 group. The likelihood of a positive outcome was higher if there was a family history of allergy or intolerance to any food. The concept of being a "diet detective" stimulated an inquiring attitude in the children using diet therapy for self-management."

Note: What results might have been achieved by a **no-additive, no-salicylate** diet?

Our thanks to Jane McNicol, R.D., for sending us this information, which was published in the *Journal of the American Dietetic Association* (Volume 92, Number 5, May 1992).

Mrs. McNicol was a member of the team which conducted the very supportive "Kaplan study" on diet and hyperactivity. She has authored *The Great Big Food Experiment* (Stoddard) and *Your Child's Food Allergies* (John Wiley & Sons).

### The story behind the sugar study — Editorial comments

A new study on sugar, NutraSweet and hyperactivity made headlines recently.

In 1989 researchers at University of Iowa announced they would be initiating a major study to investigate how food ingredients, including synthetic dyes, preservatives, aspartame (NutraSweet) and sugar affect a child's behavior and school performance.

The study design had been changed when the conclusion was announced in February of this year. Synthetic dyes and preservatives were no longer important factors and the study became a test of sugar and aspartame.

Area newspapers originally reported that the research would include 80 children and last for 16 weeks, but the researchers had difficulty finding 80 families to participate. It was later announced that the study would last just 9

weeks and be composed of 24 children diagnosed as having attention deficit disorder with hyperactivity and an equal number with no such symptoms. The final study contained only 5 hyperactive children.

The \$600,000 project was to be sponsored by the Institute of Child Health and Human Development of the National Institutes of Health, with funding help from the International Life Sciences Institute. The ILSI is composed of the major food, pharmaceutical and additive industries, including the Sugar Association and manufacturers of synthetic sweeteners.

Although many newspapers reported the study as eliminating 'artificial color or additives' this was not the

case. The authors wrote that "All the diets were *essentially* free of additives..." [emphasis added]. Then in the study they write that additives were "kept to a minimum." This is a far cry from a Feingold diet, but it's interesting that the researchers knew these chemicals could affect the children.

The most important result of the study did not make any news reports. The researchers wrote, "...behavior ratings and test scores generally improved during the dietary periods, as compared with the base-line values." The biggest dietary change was the removal of many synthetic additives. **When the children were eating fewer additives their behavior and learning improved.**

## “Natural Nibbles” — treats through the mail

About three years ago one of my sons went on the Feingold Program to relieve his hyperactivity. The change in his disposition was almost immediate. He calmed down, and more important, was happy again. My husband and I were thrilled.

Because my son's sensitivities are quite severe, he remained on Stage 1, and finding snacks for him was always a struggle. So, I began to make him some 'special treats' and he loved them. Another fun part, though, was that all of his friends and our entire family loved them too!! Our treats became quite popular and soon were made a part of all family gatherings.

I then teamed with another lady who always has worked around a special diet for her family. We decided to pool our efforts and make special treats for other families as well as our



own. Children and their needs have always been important to us, as we both are professional educators.

We feel that Natural Nibbles is a happy answer for anyone looking for a healthy and scrumptious treat. We use only ingredients found in the Feingold food lists.

For families on a special diet, our cakes, cookies and candies make delicious party fare. And families who have no dietary restrictions, but want to eat well and eat good, will enjoy our products too, knowing there is nothing artificial about them.

Everything we make is just naturally delectable. As we say at Natural Nibbles, "We cater to your health — all in good taste!"

*Lindajeanne and Rae from Natural Nibbles  
Long Island, NY (516) 472-3708*

**The Squirrel's Nest** natural candy catalog for Spring and Summer is now available. It includes both custom made and hard-to-find commercial candies.

To receive your copy contact the Squirrel's Nest, 1 North Broad Street, Middletown, DE 19709 (302) 378-1033.

**Sunspire** has holiday treats in both chocolate and carob. Look for them and their colorful 'Sundrops' at health food stores.

**Palmer** tells us they continue to make natural holiday candies. Check the ingredient label carefully to avoid vanillin.

Contact **Giambri's Quality Sweets** early to order your holiday treats. Phone (609)783-1099.

Note: Most Feingold children can handle sweets which are free of the offending additives if they are used in moderation and not eaten on an empty stomach.

## Mama's Chocolate Fudge

This recipe is suitable for our allergic members who can tolerate goat milk. You can contact Jackson Mitchell, the distributor of Meyenberg Goat Milk, for additional recipes; call (805) 565-1538.

- 2 1-oz squares unsweetened chocolate\*
- 3/4 cup Meyenberg Evaporated Goat Milk
- 2 cups sugar
- 1 tsp light corn syrup or sugar syrup
- 2 Tbsp butter or margarine
- 1 tsp vanilla

\* 1/3 cup cocoa or carob powder may be substituted for the unsweetened chocolate; increase butter to 3 Tbsp.

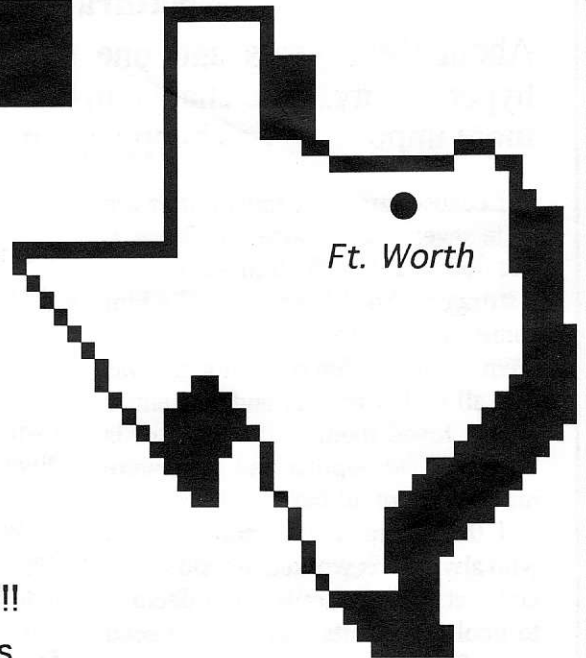
- Melt chocolate in milk.
- Add sugar and corn syrup; cook slowly, stirring until sugar dissolves.
- Cook gently to soft-ball stage (234 degrees), stirring frequently.
- Remove from heat; add butter and cool at room temperature to lukewarm (110 degrees) *without* stirring.
- Add vanilla; beat vigorously until fudge becomes very thick and loses its gloss.
- (A 1/2 cup of broken nuts may be added.)
- Quickly spread in greased pan.
- When firm, cut into squares.
- Or the fudge may be kneaded when hard, formed into rolls, and sliced.
- Makes 2 dozen pieces.

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.

# 1994 FAUS CONFERENCE

Tuesday - Sunday  
June 21 - 26, 1994

Executive Board	21 - 26
Full Board	22 - 26
Parents	24 - 26
Professionals	24



## • Where •

Holiday Inn North  
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- Exercise Room

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AND

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- Local Activities & Social Time

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DR. JOHN TAYLOR - author of *Helping Your Hyperactive Child*

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Mail information sheet, full payment, and stamped self-addressed envelope to:

ETHIE CAMPAGNA  
3196 Heritage Estates Court  
San Jose, CA 95148

\*\*\*PLEASE\*\*\*

RESERVATIONS ACCEPTED ONLY FROM APRIL 15TH - MAY 15TH

## • Questions & Information •

Please contact Christina Christenson

(817) 788-0383  
6701 Windwillow Dr.  
Ft. Worth, TX 76137

# Feingold



# News

Published by the Feingold® Association of the United States, Inc., P.O. Box 6550, Alexandria, VA 22306 (703) 768-FAUS

March 1994

## Nice Places to Shop

### Wichita, KS

Wheatland Pantry is accustomed to helping Feingold members find foods, candies, cosmetics and allergy alternatives that meet our needs. Linda Chamberlain, a Feingold mom who works at the shop, is knowledgeable about helping families who must work around food allergies as well as sensitivities.

Wheatland Pantry is located at 915 West Douglas  
Wichita, KS 67213 (316) 264-5519

### Colorado Springs, CO

Julie Brickley recommends Wild Oats, a large 'community market' carrying organic and commercial produce and a full array of healthy foods. The store offers a deli and cafe for hungry shoppers. The Colorado Springs store is located at 5075 N. Academy Blvd.

Wild Oats began in Boulder, but now has 12 stores in the following areas:

Colorado Springs, CO  
Boulder, CO  
Denver, CO  
Fort Collins, CO  
Albuquerque, NM  
Santa Fe, NM  
Pasadena, CA  
Lawrence, KS

To learn more about Wild Oats or track down the store nearest you, call their headquarters office in Boulder: (303) 938-1132.

### Orlando, FL

Chamberlain's has five markets in the Orlando area. Joan Carroll, manager of their Winter Park store on North Orlando Avenue, is a nutrition counselor, who is experienced in helping families find delicious foods for special diets.

The large stores offer a complete line of foods and supplements, as well as organic produce and naturally raised meats. They offer a deli and in-store bakery.

## Welcome!

Deborah Hayes is our new **Pen Pal Coordinator**. Your child can sign up to correspond with a pen pal by writing to Deborah at 48 Bedell Avenue, Hempstead, NY 11550.

FAUS is delighted to announce that Doreen Welsh will be reviewing applications for **scholarships**. For information on how to apply, please contact Doreen at 10 Rebecca Court, Dayton, NJ 08810.

## Help Wanted:

Do we have a member who is a pharmacist, and would be interested in becoming more involved, helping Feingolders locate some of the hard-to-find medicines?

Please call the FAUS Counseling Line at (516) 369-3893.

## New Program Assistants:

Welcome! to our new volunteers. They are members who are successfully using the Program and have volunteered to help other families get started.

Florida - New Smyrna Beach: Mary Ann Bekemeyer  
(904) 423-7736

Texas - Austin: Wendy Glass (512) 219-8323

Texas - West Columbia: Audrey Paul (409) 345-4489

Washington - Seattle: Marcia Wahlman (206) 523-1110

If you have been successfully on the Program for six months or more and would like to offer support to other parents, contact FAUS or your local Feingold representative.

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## Rhinosyn

ECR Pharmaceuticals, the new distributor for Rhinosyn natural cough and cold remedies, tells us that Rhinosyn Syrup has been temporarily out of stock. Rhinosyn PD is the same formula, but half the strength of the Syrup, and it has a lemon flavor, rather than cinnamon. Rhinosyn PD can be used in its place until the Rhinosyn Syrup is once again available. Please be cautious about the dosage when giving medicine to young children.

## Answering Your Questions

**Breyer's Ice Cream:** Some of the foodlists do not contain this since the product research committee was having difficulty getting a response from the manufacturer.

In some parts of the country Breyer's ice cream is available in round tubs, and in others it is marketed in a rectangular box. Some years ago we had reason to believe that the plastic strip (which covers the top of the ice cream in the box) was treated with preservatives, and that they migrated onto the ice cream. For this reason we suggest you discard the plastic strip and about 1/4 inch of the ice cream which has come into contact with the strip.

We still have not received the information we requested from Kraft, the parent company, but members have long used this product successfully. If Breyer's is not on your foodlist, you can add it back, taking care to use only the non-salicylate varieties if you are in Stage One.

**Treatment Center:** The November 1993 issue of *Pure Facts* contained a letter from a family whose child had developed tics as a result of using Ritalin. The family described a treatment center which uses vitamins, minerals and amino acids, and which was able to help their child overcome the drug's side effects.

Many of you have called or written asking for more information about the center. It is called the Carl Pfeiffer Treatment Center, located near Chicago. (The center was mentioned in the October 1993 *Pure Facts*.)

They publish a newsletter, called Health Research Institute Quarterly, and invite *Pure Facts* readers to contact them for a complimentary copy. The address is:

Health Research Institute  
1512 North Naper Blvd.  
Suite 128-M  
Naperville, IL 60563  
(708) 505-0300

While the Feingold Program does not involve the use of supplements, the Association is always pleased to learn of research which investigates benign techniques for helping chemically sensitive children and adults.

## PIC Report

In response to your requests, the FAUS Product Information Committee has researched the following non-dairy products from Imagine Foods Inc. They are available in many health food markets, and may be added to your Foodlist.

### Stage One (non-salicylate)

RICE DREAM Frozen Dessert: Carob, Carob Chip (CS), Cocoa Marble Fudge, Lemon, Mint Carob Chip (CS), Peanut Butter Fudge, Vanilla, Vanilla Fudge

RICE DREAM Bars: Vanilla dipped in Carob (CS), Chocolate dipped in Chocolate (CS)

RICE DREAM Beverage: Original, Vanilla, Carob  
DREAM PUDDING: Banana, Butterscotch, Carob, Chocolate, Coconut, Lemon

RICE DREAM 1% Fat Non Dairy Beverage: Original Lite, Chocolate, Vanilla Lite, Carob Lite

### Stage Two (salicylate)

RICE DREAM Frozen Dessert: Cappuccino, Carob Almond, Strawberry, Vanilla Swiss Almond (CS), Wildberry (boysenberry, blackberry, peach), Neapolitan (strawberry)

RICE DREAM Strawberry Bars dipped in Carob, Vanilla Pie (CS, grape), Mocha Pie (CS, grape, coffee)

RICE DREAM Beverage: Chocolate Almond  
DREAM PUDDING: Almond

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Also acceptable on Stage One: **RELIV Now**. This is a nutritional supplement beverage. RELIV Classic is not acceptable as it contains synthetic vanilla.

## Powdered Milk

If you're having trouble finding an acceptable brand of powdered milk, consider ordering it from Walnut Acres. The address is simply:

Walnut Acres, Penns Creek, PA 17862  
(800) 433-3998

You can request a free copy of their current catalog.

## Problems in Avoiding Corn

For the person who is allergic to corn, finding suitable products can be difficult. A member wrote about her dismay when she found that Rocola Natural Herb Cough Drops contain corn syrup. According to the manufacturer they have always contained this sweetener, but it is only recently that corn syrup has been listed on the label.

Beatrice Trum Hunter writes, "citric acid from citrus fruits differs from citric acid in processed foods. The latter is synthesized from corn. As a food additive, it could cause problems in corn-sensitive individuals."

(Most Feingold members can tolerate citric acid in processed foods, but many have trouble with corn syrup.)