

Pure Facts

Newsletter of the Feingold® Association of the United States



December 1998/January 1999

Vol. 22, No. 10

Inconsistencies, confusion in the treatment of ADHD; NIH panel finds diet "intriguing"

Confusion and uncertainty are acknowledged. Psychostimulants are widely used despite the lack of reliable tests to even identify the problem. Psychological intervention has been disappointing, the panel concluded, and the long-term effectiveness of drug therapy is in doubt.

On November 16-18, the National Institutes of Health held a consensus development conference titled, "Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder." Scientists and practitioners from around the country gathered to answer six key questions. (The panel's draft report is quoted and our comments are italicized.)

1. What is the scientific evidence to support ADHD as a disorder?

"The diagnosis of ADHD can be made reliably using well-tested diagnostic interview methods. However, we do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction. Further research to establish the validity of the disorder continues to be a problem."

How can a reliable diagnosis of a disorder be made if professionals are uncertain that it exists?

"The reported rate in some other countries is much lower. This indicates a need for better study of ADHD in different populations and better definition of the disorder."

One thing to consider: children in most other countries eat far fewer synthetic additives than in the US. The dramatic increase in additives such as food dyes has paralleled the increase in learning and behavior problems in the United States.

Continued on page 3

Medical freedom gets a reprieve in California

The efforts of the Medical Board of California to restrict the freedom of doctors was put on "hold" on November 6. This was the day set for the Board to decide the fate of Dr. Robert Sinaiko, a well-respected physician who has been the target of attack by the former California Attorney General, Dan Lundgren. (Lundgren ran for governor of California, but was rejected by voters who considered his views too extreme.)

In most cases the Medical Board would be expected to rubber stamp the decision of the administrative law judge who ignored the testimony of experts to support the prosecution. But in this case, the members of the board were keenly aware that their actions were being watched by the public and the media.

Continued on page 5

INCB concerned about Ritalin use in the US

The following is taken from a report issued last year by the International Narcotics Control Board (INCB). "...the Board has expressed its concern about the growing consumption of methylphenidate (Ritalin), in particular in the United States, which accounts for almost 90 percent of world consumption of that substance. The Board has noted the results of a conference organized by the Drug Enforcement Administration of the United States on the theme 'Stimulant use in the treatment of ADHD' in December 1996. The consensus of the participants in the conference confirmed the views of the Board that there are cases of improper diagnosis of ADD. The conference also confirmed reports of diversion of methylphenidate from domestic distribution channels into illicit channels."

The INCB regards the level of Ritalin consumption in the United States and the rate of increase as "alarming."

"The Board invites the authorities of the United States to give adequate attention to the evaluation of diagnostic definitions and criteria at the national consensus meeting on methylphenidate that is expected to be held in the United States governmental agencies in 1998.

"The Board reiterates its request to all Governments to exercise the utmost vigilance in order to prevent over-diagnosing of ADD in children and medically unjustified treatment with methylphenidate and other stimulants."

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

Special issue on medicine for ADD/ADHD

The long-term effects of diet management

The NIH panel wrote that the future for children with ADHD is not encouraging, but for the child who grows up on the Feingold Program, we believe the prognosis is much brighter. Here are three of the young adults with whom we have kept in touch during the past two decades.

Marilyn Gross used to dread seeing her son, David, coming home from school. He could "keep things together" for most of the day, but as soon as he got through the front door, he would explode in a violent tantrum lasting an hour. Then he would dissolve in tears and ask his mother, "Why did you let me do that?" David understood that his behavior was beyond his control.

The family withstood seven years of constant disruption, before they learned of the Feingold Program. Within a few days on the Program, the change was clear, and David's parents were able to really enjoy their son.

After graduating from Temple University, he got his Master's degree at Syracuse. David went to work in the sales department at an area factory and now, at age 28, is the production coordinator of the plant. He and his wife, Jennifer, have been married over a year and own their own home. David is a real "people person" and is highly successful in both his work and his personal life.

There are many reports of successes like these from families who began using the Feingold Program twenty or more years ago. Here is a sampling of three of these "Feingold kids." We know that using the Feingold Program is no guarantee that a child will have the happy outcomes described here, nor would we try to predict success for any particular child. However, we believe that David, Heather, and Brian would not have achieved such a high level had they not been blessed with parents who were willing to seek out this risk-free method, and stick with it, even when their child did not. More important, these successful young adults are convinced of it.

"...stimulant treatments do not 'normalize' the entire range of behavior problems, and children under treatment still manifest a higher level of some behavior problems than normal children. Of concern are the consistent findings that despite the improvement in core symptoms, there is little improvement in academic achievement or social skills."

NIH draft report on stimulants & ADHD

Heather Certner-Brugger had been a hyperactive little girl who was easily upset and a poor sleeper. She suffered from migraines, visual problems and nervous tics. Once she began the Feingold Program she went from the bottom of her class to the absolute top. (Her elementary school had to order more books for her to read!) The public school's gifted program was not challenging enough, so her parents somehow found the resources to place her in a private school.

She took all college courses in her last year of high school and went on to finish college, with a double major, in three years — earning a 3.9 cumulative average. All the while Heather worked full time to pay for college and served as president of her sorority for two terms. Afterward she went on to law school and then to a successful career in real estate.

Now 27 years old, Heather writes, "I have recently married the most wonderful man and am living happily and quite peacefully. Although it has not been an easy road I feel so blessed to have been given the opportunities I would have not been afforded without the Feingold Program."

Carol Lee had been carrying a prescription for Ritalin in her purse for two weeks when she happened to strike up a conversation with a woman in the supermarket. The woman was Vickie Gelardi, who would later be president of the Feingold Association. The prescription Carol did not want to fill was for her 6 year old son, Brian, a happy, likable child, but whose hyperactivity and short attention span drove others crazy.

Vickie had seen a remarkable change in her son, and suggested Carol use a new, special diet. Within three days Brian could focus, behave calmly, and suddenly, he was able to tie his shoelaces and write his name.

"You put him on Ritalin!?" was the questioning comment of Brian's first grade teacher. She liked this little boy, but he wore her patience thin (like the time he pulled the fire alarm). Carol's two older children had none of these problems, but with her youngest, she was at the school "all the time."

The professionals who had evaluated Brian did not have much hope for him. "He will never learn to read and write," predicted one of the doctors at Long Island's Jewish Hospital. He recommended that her first grader be placed in a special school and receive psychotherapy.

Brian stuck closely to his diet during elementary school, but in junior high the peer pressure resulted in many episodes of diet infractions. Like other parents who have weathered this lapse, Carol stuck with the Program and by high school, Brian chose to go back to eating additive-free. At his graduation he was presented with an award for "most improved student."

Today, Brian has a career he enjoys. He wife, a college professor, carefully watches what they eat. Brian's motor skills are still affected by the additives, but when he stays on his diet, he's a happy, fulfilled young man. He's also a very good reader.

2. What is the impact of ADHD on individuals, families, and society?

"Children with ADHD...experience peer rejection and engage in a broad array of disruptive behaviors....These children have higher accident rates, and later in life, children with ADHD in combination with conduct disorders experience drug abuse, antisocial behavior, and accidents of all sorts."

"Families who have children with ADHD...experience increased levels of parental frustration, marital discord, and divorce....the direct costs of medical care for children and youth with ADHD are substantial."

"...these individuals consume a disproportionate share of resources and attention from the health care system, criminal justice system, schools, and other social service agencies....additional national public school expenditures on behalf of students with ADHD may have exceeded \$3 billion in 1995. Moreover, ADHD, often in conjunction with coexisting conduct disorders, contributes to societal problems such as violent crime and teenage pregnancy."

How much money is saved by families for whom non-drug approaches are successful? How much money could be saved and how many social problems could be reduced with the use of proven alternatives?

3. What are the effective treatments for ADHD?

"A wide variety of treatments have been used for ADHD including, but not limited to, various psychotropic medications, psychosocial treatment, dietary management, herbal and homeopathic treatments, biofeedback, meditation, and perceptual stimulation/training. Of these treatment strategies, medications and psychosocial interventions have been the major focus of research."

"Some of the dietary elimination strategies showed intriguing results suggesting further research."

"Until recently, most randomized clinical trials have been short term, up to approximately 3 months. Overall, these studies support the efficacy of stimulants and psychosocial treatments for ADHD. However, there are no long-term studies testing stimulants or psychosocial treatments lasting several years. There is no information on the long-term outcomes of medication-treated ADHD individuals in terms of educational and occupational achievements, involvement with the police, or other areas of social functioning."

The panel's statement is in conflict with the work of Swanson et. al., who reviewed studies evaluating the long term effects of drugs for these children. They found that there were no long-term benefits. Their review was published in Exceptional Children, Vol. 60, No. 2, 1993.

With drugs "...there is little improvement in academic or social skills."

"These short term trials have found beneficial effects on the defining symptoms of ADHD and associated aggressiveness as long as medication is taken. However, stimulant treatments do not 'normalize' the entire range of behavior problems, and children under treatment still manifest a higher level of some behavior problems than normal children. Of concern are the consistent findings that despite the improvement in core symptoms, there is little improvement in academic achievement or social skills."

The Association receives many calls from parents whose children are on stimulants, but continue to have serious problems. Some parents have noticed that the drugs are less effective when the child has eaten synthetic additives. It would be interesting if this were investigated by some of the researchers conducting tests of Ritalin. What would happen if children who were taking (undyed) Ritalin combined this with a trial of the Feingold Program?

"Cognitive-behavioral treatment...(e.g., self-monitoring, verbal self-instruction, problem-solving strategies, self-reinforcement)...has not been found to yield beneficial effects in children with ADHD."

"There is a long history of a number of other interventions for ADHD. These include dietary replacement, herbal exclusion or supplementation, various vitamin or mineral regimens, biofeedback, perceptual stimulation, and a host of others. Although these interventions have generated considerable interest and there are some controlled and uncontrolled studies using various strategies, the state of the empirical evidence regarding these interventions is uneven, ranging from no data to well-controlled trials. Some of the dietary elimination strategies showed intriguing results suggesting future research."

The panel report lists five important questions that cannot be answered:

"First, it cannot be determined if the combination of stimulants and psychosocial treatments can improve functioning with reduced dose of stimulants. Second, there are no data on the treatment of ADHD, Inattentive type, which might comprise a high percentage of girls. Third, there are no conclusive data on treatment in adolescents and adults with ADHD. Fourth, there is no information on long-term treatment (lasting more than one year), which is indicated in this persistent disorder. Finally, given the evidence about the cognitive problems associated with ADHD, such as deficiencies in working memory and language processing deficits, and the demonstrated ineffectiveness of current treatments in enhancing academic achievement, there is a need for application and development of methods targeted to these weaknesses."

Continued on page 4

4. What are the risks of the use of stimulant medication and other treatments?

"Although little information exists concerning the long-term effects of psychostimulants, there is no conclusive evidence that careful therapeutic use is harmful."

"No conclusive evidence" of harm is not very reassuring. Shouldn't psychostimulants be required to be proven safe and effective before they can be approved for use, particularly when they are given to children and (more recently) to babies as young as one year old? (See Pure Facts, Sept. 1998.)

"It is well known that psychostimulants have abuse potential. Very high doses of psychostimulants particularly of amphetamines, may cause central nervous system damage, cardiovascular damage, and hypertension. In addition, higher doses have been associated with compulsive behaviors and, in certain vulnerable individuals, movement disorders. There is a very small percentage of children and adults treated at high doses who have hallucinogenic responses. Drugs used for ADHD other than psychostimulants have their own adverse reactions: tricyclic antidepressants may induce cardiac arrhythmias, bupropion at high doses can cause seizures, and pemoline is associated with liver damage."

Studies supporting drug use have been too brief to provide information on the long term effects, but follow-up reports of older children who had been medicated have shown that there are few long-term benefits.

5. What are the existing diagnostic and treatment practices, and what are the barriers to appropriate identification, evaluation, and intervention?

"There exists wide variation among type of practitioner with respect to frequency of diagnosis of ADHD. The type of practitioner also determines the frequency of stimulant prescription management; data indicate that family practitioners prescribe medication more frequently than psychiatrists or pediatricians....Some practitioners invalidly use response to medication as a diagnostic criterion."

"Diagnoses are often made in an inconsistent manner with children sometimes being overdiagnosed and sometimes being underdiagnosed."

"Mental health benefits are carved out of many policies offered to families, and thus access to treatment other than medication might be severely limited."

We often hear that HMOs prefer to use drugs in place of counseling in order to save money. If HMOs used diet management their savings would potentially be enormous.

"Diagnosis is a mess," commented panel member Dr. Mark Vonnegut.

"Other important barriers include those perceived by patients, families, and clinicians. These include lack of information, concerns about risks of medications, loss of parental rights, fear of professionals, social stigma, negative pressures from families and friends against seeking treatments, and jeopardizing jobs and military service."

6. What are the directions for future research?

We are hopeful that the panel's positive response to the studies of diet management will result in further research of this risk-free option. The Feingold Association has begun a campaign to raise funds for a study on diet management as a treatment for ADD and ADHD.

Conclusion

"Substantial evidence exists of wide variations in the use of psychostimulants across communities and physicians, suggesting no consensus among practitioners regarding which ADHD patients should be treated with psychostimulants...patients with varying levels and types of problems may benefit from stimulant therapy. However, there is no evidence regarding the appropriate ADHD diagnostic threshold above which the benefits of psychostimulant therapy outweigh the risks."

One dilemma for all of us is: what help will the practitioner offer the family whose child is not a good candidate for drugs?

"Existing diagnostic and treatment practices, in combination with the potential risks associated with medication, point to the need for improved awareness by the health service sector concerning an appropriate assessment, treatment, and follow-up."

Nobody likes to place their child on medicine. We are hopeful that for those families using stimulants, the addition of diet management will enable them to achieve good results with the minimum dosage.

"Finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative. Consequently, we have no strategies for the prevention of ADHD."

To access the entire NIH report on the internet, type in: consensus.nih.gov

AMA's perspective on drugs and ADHD

Earlier this year, the *Journal of the American Medical Association* published an article titled, "Little evidence found of incorrect diagnosis or overprescription for ADHD."

While acknowledging that the production and use of methylphenidate (Ritalin) has increased 300% between 1990 and 1995, the AMA's Council on Scientific Affairs maintained that misdiagnosis, overdiagnosis and overprescription of stimulants for ADHD are not widespread.

JAMA, April 8, 1998

Medical freedom, from page 1

The Medical Board took the unprecedented action of choosing to review the testimony, rather than revoking Dr. Sinaiko's license and (in the words of the defense counsel) "going down in history as the Board which allowed lawyers, not doctors, to make decisions on medical practice...and contributing toward a return to the Dark Ages of medicine."

For those readers who are new to this ongoing battle, it involves two main issues: 1) the freedom of a doctor to select the treatment considered best for the patient, and 2) the Attorney General's intent to limit the treatment of ADD and ADHD to powerful drugs and psychotherapy, with no other options permitted. More detailed information can be found in the February 1998 and October 1998 issues of *Pure Facts*.

The Medical Defense Fund will continue to seek donations to pay for the enormous expense that this struggle has incurred and will continue to incur. Donations are sorely needed and can be sent to: Medical Defense Fund, P.O. Box 1565, Fontana, CA 92334. You can follow the progress of this effort at www.legalfund.org.

Texas allows medical freedom

In contrast to the struggle taking place in California, the Texas State Board of Medical Examiners has unanimously approved a policy that allows doctors to have a "reasonable and responsible degree of latitude" in recommending treatments beyond the traditional approach.

The number of Americans who are using non-drug approaches to healthcare is growing steadily; in May the *Journal of the American Medical Association* reported that 40 percent have used some form of non-traditional medical treatment during the past year.

The *Ft. Worth Star Telegram* reports: "The new rules will also help lay to rest an erroneous perception that physicians could be disciplined for deviating from traditional medicine," said board spokeswoman, Jill Wiggins." But Wiggins then acknowledged that some doctors were fearful of losing their licenses for recommending, or even discussing, alternative therapies with their patients.

Much credit for this victory goes to the nonprofit organization Texans for Health Freedom

Non-drug approaches gain recognition by establishment medicine

Two popular alternatives, acupuncture and chiropractic, are gaining acceptance by even the most conservative scientists. The National Institutes of Health has found that acupuncture can ease pain after surgery and can relieve nausea from chemotherapy, dental surgery, and during pregnancy. The NIH was impressed with evidence that brain changes actually occur with the ancient technique of acupuncture.

Ironically, while a fierce battle for medical freedom is taking place in California, the Kaiser Permanente HMO, with numerous facilities in that state, has added acupuncture and other alternatives in some of its clinics.

Brain scans and children with attention/behavior problems

Stanford University researchers believe they have found a way to identify ADD.

A few days after the conclusion of the NIH conference, John Gabrieli and Chandan Vaidya announced they have developed a form of the MRI test to identify which children have attention disorders. The study consisted of ten boys who had been diagnosed with ADD, and six without. The children watched a TV screen and were told to push a button when a letter appeared, but not when the letter X flashed on the screen. This was designed to measure impulse control, an issue for many children labeled as ADD and ADHD. The researchers report that there was a clear difference in brain scan activity between the two groups.

The researchers write that this trial of a small group needs further testing, and that the cost (more than \$1,500) would make it difficult to be widely used.

Why would the brain scans of these two groups differ?

The underlying assumption behind this type of research is that children diagnosed as "ADD" are abnormal, not that they have come into contact with a substance that could cause their brains to *function* abnormally. Research published last year in the *European Journal of Pediatrics* suggests that, at least for some children, the "disorder" is actually a reaction to a food or a food additive.

EEG Confirms Food-Induced Abnormalities in ADHD Children

In some children, certain food additives and/or foods may trigger symptoms referred to as attention deficit hyperactivity disorder.

A specialized form of EEG enabling researchers to map the brain's electrical activity has provided objective proof that some children diagnosed with an attention *disorder* do not have any disorder at all. They are simply reacting to a food or food additive.

Uhlig and colleagues write, "during consumption of provoking foods there was a significant increase in beta activity in the frontotemporal areas of the brain. This investigation is the first one to show an association between electrical activity and intake of provoking foods in children with food-induced attention deficit hyperactivity disorder." This means that "certain foods may not only influence clinical symptoms but may also alter brain electrical activity."

The children were selected because it was shown prior to the testing that they were sensitive to these foods and additives and experienced a change in behavior when they were exposed to them.

Uhlig, T.; Merckenschlager, A.; et al. "Topographic Mapping of Brain Electrical Activity with Food-Induced Attention Deficit Hyperkinetic Disorder." *European Journal of Pediatrics* 156(7):557-561 (1997)

Past Issues of *Pure Facts*

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

December 1997/January 1998

Natural alternative products
NutraSweet
Stevia, natural sweetener
Oil of wild oregano for healing

February 1998

Medical freedom threatened
Reading Reflex
Organic food labeling
Pollution & LD at Oak Ridge, TN

March 1998

Biological Treatments for Autism & PDD, by Dr. Shaw
Pesticides in schools
Autism detective work

April 1998

Strange sensitivities, rare reactions
Fibromyalgia & salicylates
Cinnamon biscuits
Fabric softeners

May 1998

Newer studies support diet/ADD
Sucralose approved
Gluten-casein free diet
"I Hope Crackers" book

June 1998

"Professional parents on a mission"
Natural salicylates in plants
Nasal polyps respond to diet
Pediatricians encourage nursing

July/August 1998

More scientific support for diet
Doctors reconsider antibiotics
FDA's "book burning"
Restaurants to consider

September 1998

Dr. Taylor's workshop
Pampers, pacifiers, and Prozac
Teaching kids about nutrition
MGS handbook, sprayed on crops

October 1998

Medical Board- questionable action
Natural Healing for Schizophrenia
Drugs promoted to teachers
Secretin for autism

November 1998

When there's no time to bake
Fats, Olestra, EFAs
Jams, jellies, preserves
Head lice & a natural solution

Copies are available. Please include your name and full address, plus \$2 for each newsletter. Mail to: FAUS-PF, P.O. Box 6550, Alexandria, VA 22306.

American Heart Association suggests guidelines for use of Ritalin and other psychotropic drugs in children

As a result of several deaths, the AHA has issued recommendations on the use of drugs for ADHD and mood disorders.

At their annual meeting in November the AHA issued guidelines concerning the use of drugs such as Ritalin and imipramine. The report, written by the AHA's Committee on Congenital Cardiac Defects, suggests doctors administer electrocardiograms to identify children at risk for sudden cardiac death. The electrocardiogram should later be repeated after the child is established on the drug.

Physicians are encouraged to take a careful history to determine if the child is at risk. Symptoms to look for are palpitations and fainting, and a history of heart disease among family members.

Another caution offered by the AHA is the potential problem of drug interactions. Feingold volunteers are aware that many children with ADHD are given two or more drugs. When a child is placed on Ritalin and becomes depressed, parents often report that Prozac or a similar drug is added. In some cases, the combination makes it difficult for the child to sleep, and a third drug is prescribed.

Dr. Bennett Leventhal, a professor of child and adolescent psychiatry at the University of Chicago, expressed his hope that the AHA recommendations will help remove the barriers that prevent the use of these drugs in more children.

*Support FAUS Research Fund
on biochemistry of behavior*



Parents' Bill of Rights

Parents of children with learning and behavior problems have a right to receive help, not blame, from those professionals they consult.

They have a right to receive complete, accurate information about all of the options available, including diet management and stimulant therapy. If they wish to select diet therapy they have the right to be supported, and if they select stimulant therapy, they have an equal right to receive support, not condemnation.

Many of these parents of children with behavioral symptoms have endured years of extreme stress, and have handled it courageously. They deserve praise, along with practical, realistic guidance.

Pure Facts

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

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

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

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December 1998/January 1999

The NIH Conference: behind the scenes

Lynn Murphy, FAUS Executive Director

Many professionals, both inside and outside the Association, helped us to be sure that the topic of diet and behavior would be included in the conference. One, a pediatrician whose son has benefited greatly from the Feingold Program, compiled an excellent literature review. She sent this to the NIH panel, together with her family's very compelling story.

The 13 member panel who heard the speakers and drafted a report were people who have no conflict of interest. Most are experts in their field, and are affiliated with universities.

FAUS President, Kathy Bratby, asked Dr. Arnold Brenner, a Maryland pediatrician/researcher, to speak on our behalf during the hour allotted for comments from organizations. Each group was given just 3 minutes. Dr. Brenner did a great job; he spoke about the scientific studies, noting the flaws in some.

His introduction was very interesting. He said he had started his own research to prove that the Feingold diet did not work, and was amazed to find out it did, and that his patients improved on it when nothing else had helped to their satisfaction. The audience feedback indicated that they were clearly impressed.

The topic of diet and behavior was covered very well by Dr. L. Eugene Arnold, who spoke on "Other Treatments." He rated these treatments on a scale of 1 to 6, with a 6 being the highest. The Feingold Program received a 5.

Attendees interested in the diet/behavior connection submitted questions and comments and are delighted to see that they were reflected in the 2nd draft of the panel's report. The final report is due to be completed this month.

Thank You Thank You Thank You Thank You

...to you, all those who contacted the National Institutes of Health, insisting they review the evidence showing that diet management is a valid treatment for the symptoms of ADD and ADHD. Your voices were heard, and the door has been opened to non-drug approaches.

...to Lynn, Kathy and Sandy who made time to travel to Maryland so the needs of families who would benefit from diet therapy would be heard at this important conference. Thanks also go to Shula, Judy, Marianne, Gail, and all our valued volunteers.

...to Dr. Arnold Brenner for doing such an excellent job presenting several decades of academic and clinical proof that diet management is a valid choice. He did all of this in the mere three minutes allotted.

...to Sandy's many friends and relatives who gave their expertise in preparing for the conference.

...to Sue Blanchard and Nora Landerman for arranging to have Feingold workshops at their children's schools.

...to Andrea Smith of the Alternative Medicine Referral Service for welcoming the Association at their recent Natural Health Expo held in Crystal City, Virginia. (The Referral Service provides callers with free information on qualified professionals. You can reach them at (888) 560-4325.)

Getting Acquainted

Charleston, SC - Terri Prosser is holding support meetings for area members and interested guests. To find out about future meetings, call Terri at (864) 582-8380, ext. 229

Welcome! Haley Marquerite Goerg, and congratulations to her mom and dad.

Ritalin in the news – again

Both *US News & World Report* and *TIME* featured the widely used drug in their recent coverage of the NIH conference. As is often the case, both magazines made inaccurate statements concerning non-drug alternatives.

The December 7 issue of *US News* contains several letters of rebuttal, including this one:

"Doing Ritalin Right" [November 23] states "a special diet won't cure" attention deficit hyperactivity disorder (ADHD). A factually correct statement would be: "While a special diet won't cure ADHD, double-blind medical studies have shown that diet can reduce or eliminate the troublesome symptoms in the majority of children." Ritalin works in the same way; it does not cure ADHD but addresses the symptoms.

*Jane Hersey, National Director
Feingold Association of the United States
Alexandria, VA*

FAUS Product Information Center Report

from Donna Curtis

Product Alert!

ORE IDA Mashed Potatoes, 22 oz. size, now contains artificial flavor and should be removed from your Foodlist.

An alert member reported this change to the Product Information Center via e-mail at our special address: productchange@feingold.org. We strongly encourage all members with e-mail capabilities to report product changes in this manner. Information can be sent and received quickly and efficiently with little or no cost. If e-mail is not available, product changes may be reported to the Product Information Center by phone or mail, as instructed in the back of your Foodlist.

Product Changes

BARBARA'S* (Stage Two) Cheese Puffs "Lights" are now called "Bakes" (paprika).

BARBARA'S* "Regular" Potato Chips are now called "Plain."

BARBARA'S* "Original" Wheatines are now called "Lightly Salted Tops."

FRENCH'S (Stage Two) Dijon Mustard with White Wine now has cloves and sulfiting agents in addition to wine. Their "Yellow" Mustard, formerly called "Prepared," now has cloves and cayenne in addition to paprika.

LAURA'S LEAN BEEF

The distribution of this naturally raised meat has expanded and it is now found in 28 states, including The Fresh Market in Williamsburg, VA. Call the company at (800) 487-5326 for the nearest store in your area.

Oops! Department

In the last issue of *Pure Facts*, a line is missing from the recipe for **Easy Pineapple Jam**. The full recipe is:

Combine one 20 ounce can of crushed pineapple (in its own juice) with about 1 1/2 cups granulated sugar in a heavy saucepan. (The bottom of a pressure cooker can be used.) Bring the mixture to a boil, stirring occasionally; use a big wooden spoon if you have one. Turn the heat to the lowest setting, and let the mixture simmer, stirring occasionally, until most of the liquid has evaporated and the jam is thickened.

Allergic to Corn? ✕

Confectioner's sugar generally contains corn starch. For a corn-free substitute put granulated sugar in a blender; blend until it is powdered.

PIC Report

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

Stage One

ARROWHEAD MILLS* Chicken Broth

ARROWHEAD MILLS* Maple Buckwheat Flakes, Raw Wheat Germ, Wheat Bran, Wild Ancient Wheat Flakes

BALANCED* Total Nutritional Drinks: Chocolate, Vanilla

BOAR'S HEAD 42% Lower Sodium Provolone Cheese, Lacey Swiss Cheese 25% Reduced Fat & Low Sodium

CANOLEO* Unsalted 100% Canola Margarine

GOLDEN DIPT All Purpose Fry Mix

IMAGINE* Natural Garden Vegetable Soups: Zesty Gazpacho

JONES Brown 'N Serve Pork Sausages (CS)

JONES Golden Brown Fully Cooked & Browned Sausage Patties (CS)

LIPSHTICK Natural Lip Balm (available only in the Southwest and Northeast)

LIPTON Stroganoff Noodles & Sauce (*now has CS, SF – no MSG/HVP reported*)

MOTHER'S* Cereals: Cinnamon Oat Crunch, Harvest Oat Flakes, Honey Round-Ups, Toasted Oat Bran

NATURAL OVENS OF MANITOWOC WISCONSIN Better Wheat Bun (CS), Frankly Bun (for hot dogs) (CS)

These are available retail in WI, MN, IL and mail order by calling (800) 772-0730.

NATURE'S GATE* Unscented Winter Clean Deodorants: Roll-on or Stick

SPICERY SHOPPE Natural Flavors: Anise, Butter

TCBY - THE COUNTRY'S BEST YOGURT (TCBY shops) Frozen Yogurt Soft Serve (96% Fat Free): Chocolate (CS), Golden Vanilla (CS)

The "No Sugar Added" variety is not acceptable.

Stage Two

BALANCED* Total Nutrition Drinks: Strawberry

BARBARA'S* Fruity Punch Cereal (berries, cherries, currants, grapes, oranges)

BOAR'S HEAD Rosemary & Sundried Tomato Ham with Natural Juices (N, tomatoes)

CANOLEO* Garlic 100% Canola Margarine (red peppers, white wine)

MOTHER'S* Cereal: Harvest Oat Flakes with Apples & Almond

NANCY'S Monterey Petite Quiche (chili & red peppers), Seafood Crabcakes (CS, paprika, red pepper, wine)

These are found in the freezer section.

NATURE'S PATH* Honey'd Raisin Bran

PLOCHMAN'S Mild Yellow Mustard (cloves, paprika)

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