



IMAGE AWARENESS WELLNESS INSTITUTE

Hyperactivity

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HYPERACTIVITY

One of the great nutrition pioneers was Dr. Ben Feingold who suggested that artificial food colors and large amounts of salicylates could contribute to hyperactive behavior.

Feingold was trying to reduce the prescription of drugs like Ritalin to children. He pointed out that in 1972 the FDA placed the drug on the Schedule II list—the same category as opium and morphine. He wrote, “Despite the findings and cautions of experienced investigators, which continue to appear in medical publications, a number of physicians dispense the behavior-modifying drugs freely, on many occasions apparently without any degree of certainty that they are dealing with true H-LD (hyperkinesis-learning disorder). To make matters worse, doctors subscribing wholeheartedly to this drug therapy are often abetted by educators who find medication the simplest route to classroom quiet.”¹

Dr. Feingold was one of the earliest investigators to communicate to the public the potential problems associated with hapten reactions. A hapten is a low-molecular weight chemical which by itself is incapable of inducing either an allergic or immune response. When combined with proteins, however, these substances can alter the structure of the proteins and trigger allergic reac-

tions or immune mechanisms.

Feingold’s interest in haptens grew out of his research into how people became hypersensitive to flea bites. He was able to raise a million fleas and found that bites could trigger delayed hypersensitivity reactions.

Feingold saw tremendous implications for his work because, “*The chemicals man uses as drugs and chemicals used as food additives are both low-molecular compounds, subject to the same behavior as the hapten demonstrated in flea saliva.*”²

Important haptenic substances in Feingold’s mind included artificial colors and aspirin. He found that aspirin, a commonly consumed drug, “appears to have a slowly building, accumulative effect, finally exploding into full-blown intolerance.”²

To make matters worse, Feingold found that many foods contain an aspirin-like molecule including apricots, prunes, peaches, plums, raspberries, grapes, oranges, cucumbers, and tomatoes. In addition, synthetic-flavor chemicals also contain a salicylate radical. Even avoiding all of these Feingold’s patients were still reacting. This led to the discovery that artificial colors such as Yellow 5 triggered problems in his aspirin sensitive patients.

There are a couple of points of interest here. Many of these substances are vitamin B6 antagonists.

In addition, delayed hypersensitivity testing has found that those with fibromyalgia often react not only to these substances, but also to msg, sodium benzoate, nitrates, sugars, and other small molecules used in processed foods.

Feingold’s research was undermined by negative studies which had important flaws. One study fed children chocolate cookies with or without artificial color added. The use of a chocolate cookie as a placebo ignores the fact that delayed allergic type responses are common to sugars and chocolate.

A recent study has confirmed that sodium benzoate and food colorings can indeed increase hyperactivity among three-year old and eight and nine year old children. The amount of food colors was equivalent to what children receive in bags of candy with artificial colors added. Sodium benzoate is an additive to soda pop.

In view of the risks associated with the use of medications a trial of dietary change and supplementation should be tried prior to the use of medications.

References:

1. Feingold, Ben, *Why Your Child is Hyperactive*, New York, Random House, 1975, 65.
2. Feingold, 5-9.
3. McCann, D., et al, Food additives and hyperactive behavior in 3-year-old and 8/9-year-old children in the community: a randomized, double-blinded, placebo-controlled trial. *Lancet* 2007;370:1560-1567.



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OMEGA-3 AND HYPERACTIVITY

A recent study found that fish oil supplementation of children suffering with ADHD decreased the severity of the problem from moderately symptomatic to mildly symptomatic. These children were given rather large doses of fish oil and the results were better than earlier trials with fish oils. This suggests that the dose is important in producing improvement of hyperactive symptoms.

This study supports my own observation that fish oils often benefit children with a tendency to have problems with hyperactivity and attention deficit.

Reference:

Sorgi, P.J., et al., Effects of an open-label pilot study with high-dose EPA/DHA concentrates on plasma phospholipids and behavior in children with attention deficit hyperactivity disorder, *Nutr. J.* 2007;6:16.

IRON AND HYPERACTIVITY

It is important to remember than an individual can have too much or *too little* iron. The amount of iron in supplements has been reduced over the last few years with the awareness that some individuals accumulate iron if they have the genetic disorder hemochromatosis.

On the other hand, deficiency of iron has been observed in as many as 84% of hyperactive children. Iron

is essential for energy production and thyroid function. It is part of the hemoglobin molecule that carries oxygen through out the body. Lack has been shown to cause a number of mood and behavioral problems.

A significant study of children 5 to 8 years of age found that simply supplementing the diets of children with mild iron deficiency with the mineral produced a magnitude of improvement comparable to that achievable with stimulant medications like Ritalin. The study noted that the iron was well-tolerated except for gastrointestinal side-effects including constipation, nausea, and abdominal pain.

The side-effects of iron supplementation could have been minimized or avoided by changing the form of the iron in the supplement. GNLD produces chelated minerals, including iron, which reduce digestive stress.

Non-chelated minerals act as free radicals irritating the intestinal lining and creating a wide variety of digestive symptoms. The word chelate means "claw." GNLD bonds the minerals to amino acids to neutralize the ionic charges which irritate the gut. In addition, GNLD bonds two amino acids to each mineral ion

assuring that both positive charges on the mineral are neutralized. Chelated minerals are also absorbed 2 to six times more effectively than non-chelated minerals.

Reference:

Gaby, Alan, Literature Review & Commentary, *Townsend Letter*, April 2008, 56-57.

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