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The Feingold Solution: Assessing the Role of Diet in Children's Behavior

by Jane Hersey
Issue 118: May/June, 2003



When a child behaves badly, most people believe the parents are doing something wrong. But even if you "do everything right," it doesn't always work.

"We never thought it would be like this," recalls Terri. "Michael came into the world unhindered by pain killers, bursting with a healthy vitality, and immediately took to breastfeeding. Everything was fine until the pediatrician gave him baby vitamins loaded with synthetic additives. "His sunny disposition began to disintegrate rapidly as crying, irritability, and sleeping problems became the norm. Subsequent checkups failed to identify any physical problems. Perhaps it was just colic . . . all day, every day? I finally began to suspect the vitamins and stopped giving them to him. I thought he was simply allergic to them.

"All went well until Michael left the breast and joined the formula generation at about six months. He spent a good deal of the day crying for no apparent reason, had difficulty sleeping, refused to nap, and couldn't seem to relax or cuddle when being held.

"Since Michael was our first child, we had no other frame of reference; we assumed his Jekyll-Hyde behavior was just a new stage in his progression toward toddlerhood. Unfortunately, by the time he was 14 months old, Mr. Hyde had pretty well taken over, and the nice side of his personality rarely surfaced. We kept telling ourselves and each other that Michael was just hitting the 'terrible twos' a little early. By the time he reached three, Michael's destructive behavior continued, and he spoke only a few rudimentary words.

"Throughout this period the pediatrician assured me that he was 'just all boy.' It was only after I joined a mother's day out program that I began to realize there really might be something wrong with Michael. During this period I spent a good deal of time locked in the bathroom, crying, and when I wasn't there I was reading every book on child behavior I could find. Michael, of course, spent this time on the other side of the door howling like a banshee."

It turned out that Michael was a normal child who was simply reacting to some of the many synthetic additives used in foods, beverages, vitamins, toothpastes, and medicines - especially those designed for children. Once Terri learned which brand-name foods to use and which to avoid, she saw dramatic changes.

"Within four days after the new regimen was fully operational, I was rewarded with a radical change in Michael's disposition and behavior. Mr. Hyde gave way to a delightful, funny, and thoroughly lovable child. "Michael's verbal skills grew at a remarkable rate. Within six months he went from barely understandable, single-syllable words to discussions that included phrases such as 'Mommy, that isn't appropriate.' "

Often, there are several children in a family who do well and one child whose behavior doesn't make sense. Just because you've raised one or more perfectly contented, well-behaved children, don't think you're likely to escape being blamed for the problems your next child is experiencing. "By the time she was five," writes another mom, "Carolyn had been asked to leave several daycare centers. Despite the fact that my older daughter is a 'model' child, I felt Carolyn's behavior problems were all my fault. There were times when I would lock myself in my bedroom so I wouldn't risk hurting her. Even my training as an educator, with a minor in learning disabilities, didn't help me deal with her problems or with my own distress.

"The pediatrician and psychiatrist wanted to put her on Ritalin, but I couldn't agree to that. I was on tranquilizers, but nothing was strong enough to blunt the sadness of seeing my little girl in such turmoil. She used to roll and roll on the floor in an effort to get rid of some of the frantic energy going through her little body. She was certain that God 'hated' her because he would not let her 'mind.'

"Last year, Carolyn and I went to school together. My job was to try and restrain my daughter while the classroom teacher taught the other children. After six months, she was asked to leave and try again next year."

Once Carolyn's mother had removed from her daughter's diet the chemicals that were triggering her symptoms, she

wrote, "These days I work 50 hours a week at my job while Carolyn receives rewards from school every week for good behavior."

Behavioral interventions don't work very well for chemical problems. Which chemicals are the worst offenders? Michael and Carolyn were both reacting to some very common food additives, particularly synthetic colors, artificial flavorings, and the preservatives BHA, BHT, and TBHQ. The synthetic dyes used to color foods were once made from coal-tar oil and today are synthesized from petroleum - also the source for gasoline. BHA, BHT, and TBHQ are also petroleum derivatives. Artificial flavorings can be made from any chemical at all.^{1, 2}

Michael and Carolyn ate fairly wholesome food, but neither mom knew how powerful these chemicals are, how even tiny amounts of them can affect a sensitive child, or how often they are disguised in foods. They also did not realize how many non-foods are treated with synthetic chemical additives.

Sarah was very careful about the food she gave her first child, Andrea, but that was not enough. She recalls, "It all should have gone so smoothly. John and I waited over seven years for our little girl. I was a registered nurse with experience in pediatrics, and an advocate of wholesome foods. Andrea was nursed, and later fed homemade baby food - I was a real Earth Mother! Why, then, were we worn out by this incredibly strong and active baby who scarcely ever slept?"

"Some of my most vivid memories date back to the time Andrea was 18 months old - like the time she had a bath with dyed, perfumed bubble-bath powder and became wild, banging her head against the side of the tub. Or when she had a small drink of red imitation fruit punch at the coffee hour after church, and ran around biting people."

This bright little girl, who spoke in sentences at 21 months, grew to be more and more frustrated. By the time she was two and a half, Andrea's temper tantrums were becoming increasingly frequent - up to ten a day. Her parents found spanking was totally ineffective and "time-out was a joke."

The family learned about the Feingold Program and followed it most of the way, using the brand-name foods that are free of the worst of the synthetic additives. They saw a big improvement in their toddler, but it wasn't until they gave up the unapproved brands of cheese and crackers that they had complete success.

The Feingold Program is based on the work of Ben F. Feingold, MD, who was Chief of Allergy at the Kaiser Permanente Medical Center in San Francisco. Beginning in the 1960s, Feingold observed that some of his allergic patients who removed from their diets certain foods and synthetic additives reported that they or their children were calmer and better-behaved. Intrigued by these reports, Feingold delved into the research on food additives, and found that there are several groups of food additives and certain foods that have a chemical similarity to aspirin. These foods are referred to as "salicylates," from the name for aspirin: acetylsalicylic acid. Aspirin sensitivity is well known to medical professionals. What is not widely known is that these foods and additives can trigger adverse physical symptoms, as well as behavior and learning problems.

As he followed up on the experiences of the patients in his clinic, Feingold developed a list of additives and foods to avoid and a regimen that he named the Kaiser-Permanente, or K-P Diet. The media later dubbed it the "Feingold Diet," and parents have called their support group the Feingold Association. The primary role of the association is to assist families in using the diet. Many resources are offered, including books listing thousands of acceptable brand-name products - most of which are available in supermarkets.

Sometimes wholesome foods turn out to be culprits.

Jerry's family ate a wonderful diet, making almost everything from scratch, yet he had serious problems. His inability to sit still or focus was driving his teacher to distraction, and his hyperactivity meant he couldn't participate in karate, something he dearly loved. It turned out that Jerry is very sensitive to raisins and grapes; once they were identified and removed from his diet, he was able to succeed in school, as well as in karate.

Another family was astonished to learn how a wholesome food can cause problems. Barb was careful about what her toddler ate. She was appalled at other moms she saw at the mall, who put cola and imitation "fruit" drinks in baby bottles. She gave her son apple juice, a natural salicylate, but unfortunately he went bonkers from it.

The chemicals that occur naturally in such fruits as apples, oranges, berries, grapes, and others contain salicylate, the naturally occurring, aspirin-like chemical that Ben Feingold discovered can be a major offender for a child who happens to be sensitive to it.³ Doctors and pharmacists are familiar with aspirin sensitivity, but few realize that certain foods can be just as serious a problem for some people. Even if you don't seem to react adversely to aspirin, you could have trouble tolerating some natural salicylates. Parents can run a test for salicylate sensitivity in their own home: Replace foods containing natural salicylates with non-salicylate foods, then reintroduce the salicylate foods one at a time, and note the results.

Why are so many children having learning and/or behavior problems?

This growing problem is addressed daily in the media, and the same tired excuses are always brought out, dusted off,

and repeated: poor parenting, too much TV, poor teachers, or general social decline - whatever that means. Another reason often suggested is more ominous. Some children have a mysterious brain disorder, so goes the reasoning, and are somehow deficient in chemicals that can be replaced only with powerful drugs. Many labels have been developed in an effort to give these behaviors a name: minimal brain dysfunction, hyperkinesis, attention deficit disorder, oppositional defiant disorder, etc.

Such labels can be useful tools, but don't address the real problems: Why are so many children being so labeled today? Why do so many show symptoms that were once rare? Why is "attention deficit disorder" generally believed to be ten times more prevalent in the US than in Europe?⁴ Why is 90 percent of the Ritalin in the world used in the US?⁵ Is there some sort of epidemic that stops at the US border? Or do children in the US consume foods that are different from those found in Europe and Asia? Perhaps a big part of the answer is - literally - right under our noses.

Synthetic additives are used in other countries, but not in so many products and not to the extent that they are found in foods here in the US.⁶ European and Asian foods use some chemical additives, but their food is closer to what your parents ate when they were children. Did your mother brush her teeth with multicolored toothpaste? Did she have vitamins in pastel dinosaur shapes? Was her cereal painted in Day-Glo colors? Was her breakfast drink actually dyed sugar water? If she got sick, was the medicine fluorescent pink and bubble-gum flavored? Ask your parents if teachers handed out candy or if bus drivers offered lollipops. They will probably be laughing by this time. How about lunch in the school cafeteria? Was it supplied by fast-food conglomerates, or by little old ladies wearing hair nets? Were soft-drink machines readily available?

Think about the classrooms back then. There was no talk of "sick building syndrome" in the days when windows actually opened and furniture was made of wood, not synthetic materials that emit gases when they are new. Chalk, pencils, and crayons were the tools of choice. No dry-erase markers with toxic solvents, no artificially scented crayons, no carpeting to collect mold and mildew, no toys scented with petroleum-based fragrances, no potpourri or plug-in "air fresheners" to add to the chemical overload. All of these can interfere with a child's ability to focus and learn.⁷ When your parents or grandparents reminisce about the "good old days," they might be right.

Petroleum-based additives can produce physical effects, and have been found to trigger many problems, including headaches, hives, bedwetting, asthma, and ear infections.⁸

The mysterious dilemma of childhood asthma is frequently addressed in the media. But there is seldom any mention of the decades of reports found in allergy journals that connect asthma with some food additives, especially synthetic dyes and monosodium glutamate (MSG).⁹

Ear infections were rare in your parents' day, but today they account for more visits to pediatricians than any other factor. In his new book, *Biological Treatments for Autism and PDD* (pervasive developmental delay), Dr. William Shaw connects autism and PDD with frequent ear infections and excessive use of antibiotics.¹⁰ One theory that may explain the vicious cycle is: The child consumes synthetic food additives that cause tissues to swell. If the tissues in the Eustachian tubes swell, they can block off drainage of fluid from the ear. This leaves liquid in a dark, warm place, where unwanted bacteria can flourish. If antibiotics are prescribed, they are likely to be loaded with the very chemical additives the child should be avoiding, and this could set him or her up for the next infection. Too many antibiotics, according to Dr. Shaw, lead to a yeast overgrowth in the intestinal tract. The yeast produces abnormal byproducts in the intestines, which are absorbed into the bloodstream and can alter the child's behavior.

How can you use this information to help your family?

Most people who contact the Feingold Association do so because they have one family member with behavior or leaning problems. They usually assume that synthetic additives do not affect other family members. The Feingold Program encourages the whole family to enjoy the same additive-free foods; after all, who wants to have to fix two dinners each night? But other family members gradually realize that we all benefit from the removal of toxic chemicals.

The Henry family started using the Feingold Program to help their seven-year-old son. He quickly responded, with a clear change in both his behavior and school performance. His five-year-old sister was starting kindergarten when the family's diet changed. She was a perfectly normal child, with no behavior problems, performing at a level appropriate for a child her age. At the end of the school year, after being on the Program with her family, she was tested and found to have math skills at nearly the fourth-grade level. She also excelled in other areas, skipped first grade, and continues to be an outstanding student.

How many gifted children are not identified because they receive average or even above-average grades? Americans anguish over the poor test scores our children receive in comparison to students in other countries, but no one considers that a part of the answer might be found just down the hall - in the school cafeteria.

If you have a child or other family member with a learning, behavior, or health problem that you want to address with diet, the Feingold Association can provide information on their program. They research brand-name products to locate which foods are free of both the obvious and the hidden additives, and publish books listing acceptable brand-name products. But if you just want to upgrade the food your family is eating, here are some simple things to do:

- 1) Watch out for those numbers. Check the lists of ingredients of prepared foods; if you see a number such as "FD&C Yellow No. 5" or "Red 40," put it back. Those are petroleum-based dyes.¹¹
- 2) Check chocolate labels closely. If the ingredients include "vanilla," you know it's a pure extract. But "vanillin" is a cheap imitation flavoring used in place of the more expensive real vanilla. Many people who believe they are allergic to chocolate are actually reacting to the synthetic vanilla flavoring.
- 3) Be cautious of cute names and misspellings. Cereals that are called "Froot" instead of "fruit" and a cocoa mix that calls itself "Quik" rather than "quick" are tip-offs that the ingredients might be as unnatural as the product's name.
- 4) Did your mother or grandmother eat it when she was a child? If it wasn't found in the grocery stores of her day, it might not necessarily mean that a product is full of harmful additives, but it's reason for skepticism. For example, Grandma ate oatmeal, but not the kind that is packaged individually, with added candies, and dye to make the milk turn blue.
- 5) If you made it at home, would it look like that? If you made popcorn and added melted butter, would it look like the Day-Glo-yellow fare sold in movie theaters? If you added mint extract to chocolate-chip ice cream, would it turn Kelly green? Is there anything in nature that can cause a food to be turquoise?
- 6) Does it claim to be "healthy"? Is it heavily advertised on TV? At one time, the word "healthy": would have guaranteed that a product would fail; today, it's a useful marketing tool. While healthy foods are available to us, they are generally not those that are promoted on TV. In fact, some critics contend that the more junky a food is, the more heavily it is advertised. (Overpriced foods that use cheap additives in place of real ingredients mean big profits for the manufacturer. This gives them the money to buy expensive ads.) Seen any ads for broccoli recently?
- 7) Is a food presented as "fun"? This is a good marketing tool for products that have nothing else to recommend them. Similarly, the old phrase that a cereal is "part of a good nutritious breakfast" might mean nothing more than that if all of the other food is good, you might be able to eat this junk and get away with it.

And, finally:

- 8) If the dog won't eat it, be suspicious.

FOR MORE INFORMATION

Books

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Organizations

ADD-Plus, www.ADD-Plus.com ^[2]

Association for Comprehensive Neurotherapy, www.latitudes.org ^[3]

Developmental Delay Resources, www.devdelay.org ^[4]

Family and Home Network, www.familyandhome.org ^[5]

Feingold Association, www.ADHDdiet.com ^[6]

Weston A. Price Foundation, www.westonaprice.org ^[7]

NOTES

1. Harold Hopkins, "The Color Additive Scoreboard," FDA Consumer 14 (March 1980): 24-25.
2. Code of Federal Regulations, Title 21, Section 101.22. US Food and Drug Administration (Washington, DC: US Government Printing Office, 1984): 35-37.
3. Benjamin F. Feingold, MD, Why Your Child Is Hyperactive (New York: Random House, 1985).*
4. Conversation with David Walkup, Deputy Chief of the Drug Control Section, US Drug Enforcement Administration, Washington, DC, June 1997.

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7. Doris Rapp, MD, *Is This Your Child's World?* (New York: Bantam Books, 1996).*
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9. George R. Schwartz, MD, *In Bad Taste* (Santa Fe, NM: Health Press, 1988): 109-110.
10. William Shaw, PhD, *Biological Treatments for Autism and PDD* (published by author): 6-11.
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* entire book deals with this subject

Jane Hersey is National Director of the Feingold Association of the United States, a nonprofit organization dedicated to helping families of children with learning/behavior problems as well as chemical/salicylate-sensitive adults. She is editor of the association's newsletter, Pure Facts, and the author of "Why Can't My Child Behave?" Hersey, who calls herself "a very lazy cook," has been using the Feingold Program for her family since 1975. "Why Can't My Child Behave?" is available from the Feingold Association and from Pear Tree Press, P.O. Box 30146, Alexandria, VA 22310. The cost is \$22.00, which includes shipping.

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