

# Michael van Straten's Bodytalk

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## **HYPERACTIVITY AND ATTENTION DEFICIT DISORDER (now generally called Attention Deficit Hyperactive Disorder – ADHD)**

**Symptoms** Constantly overactive, on the move, fidgeting; poor co-ordination; emotionally unstable; short attention span, little concentration, constant flitting from activity to activity, seldom completes tasks, failure to listen; prone to violent outbursts, destructive, self damaging.

In recent years there's been much controversy surrounding the question of hyperactive children. This term does not apply to those who are simply naughty or badly behaved, or even difficult. It applies to children who are impossible. They are disruptive, destructive both to themselves and property, they can be violent and extremely aggressive, they have short attention spans and great difficulty in concentrating, they have learning difficulties, they never sit still and they don't sleep.

For years these children were treated exclusively as behaviourally disturbed until, in the late '60s, Doctor Ben Feingold, an allergist working in America, stumbled across a possible chemical cause for hyperactivity quite by accident. Whilst working on a project connected to flea bite allergies in children, he devised a special diet which excluded a group of chemicals called salicylates – related to the aspirin family and similar to the substances produced by fleas. A number of children who were extremely allergic to flea bites were put on this diet and Feingold was astounded when many of the parents told him that not only were the children reacting less severely to the flea bites, but their behaviour had improved as well.

He then began a large scale study on hyperactive children who had been institutionalised as they were beyond control. A considerable percentage of the children responded dramatically to the diet, their behaviour changing within days. When they were challenged with a donut filled with artificially coloured and flavoured jam, their behaviour deteriorated within hours. What Feingold had established was that many of the chemicals used as artificial food additives were salicylates, and he suggested that it was these very chemicals together with natural salicylates occurring in some foods, that were the root of the problem for some children.

All children with ADHD may be sensitive to some of the chemicals. Amongst the worst offenders is the yellow colouring tartrazine, E102, which is widespread in convenience foods and especially in many of the drinks, sweets and biscuits aimed directly at the children's market. Over the last 20 years I've seen dozens of children (and their parents) restored to sanity and sleep by the simple expedient of avoiding food additives. It's worth noting that some of these can also be the trigger for asthmatic attacks, eczema, urticaria and other itches and irritations.

Natural treatments work and the first step should be nutrition not drugs. Oily fish are the only source of essential Omega-3 and Omega-6 fatty acids which are critical for normal brain function.

Oxford University researcher, Dr Alex Richardson, is a world authority on the use of fish oils in the treatment of ADHD, dyslexia, dyspraxia and similar problems. Her studies show that approximately 40% of affected children improve significantly with a high quality fish oil supplement. I recommend MorEPA Mini - a pure, highly concentrated fish oil extract for children and teenagers.

ADHD may be linked to artificial food colourings, flavourings and additives. So, the ideal combination is a healthy, additive-free, organic where possible, widely varied diet which includes oily fish, meat, poultry, wholegrain cereals, dairy products, fruit, vegetables and a daily fish oil supplement.

To read some of Dr. Richardson's research see [www.fabresearch.org](http://www.fabresearch.org)  
For information on MorEPA see [www.healthyandessential.com](http://www.healthyandessential.com) , 08700 53 6000

### The Allergy Diet

I've used this diet for over 20 years. It doesn't work for every child with ADHD, but for many it's like turning a switch and going from darkness to light. Persevere, it's no good going off half-cock as you will not achieve any degree of success unless you do it properly as follows:-

1. Keep a diet diary and write down everything your child eats. It's important to keep this diary going even after any improvements have occurred. It's worth keeping a column in the diary for general behaviour and school progress. If the diet is working, but there is any sudden deterioration in behaviour, suspect that one or other of the baddies has crept in, either by accident or by cheating.

2. Any fruit or vegetable which is not on the prohibited list of Group I is allowed unless you suspect that it causes problems.

3. Be a label reader, reject anything which is not 100% free of artificial additives.

4. Nearly all the permitted foods are available off the supermarket shelf.

5. All children enjoy the occasional sweet treat but you'll have to make cakes, biscuits, pies, pastries, puddings and even simple sweets at home – there are plenty of recipe books. Make your own ice cream too as fruits, nuts or chocolate may contain additives.

6. The best way to ensure success is to get the whole family following the diet – would you like to watch while everyone else is eating all the goodies which you're not allowed?

The restriction on fresh fruits and the two vegetables can be relaxed after four to six weeks. Only give one new food in any 48 hour period so you can spot those that might still present a problem.

7. If you are going to succeed, this must be a 100% effort. 80%, 90% or even 95% will not work. If your child has a mouthful of tartrazine on Sunday, and another on Wednesday, it could cause hyperactivity for a week.

8. Usually, a good response will be obvious within 7 to 21 days, in some children behavioural improvements may be noticed within two or three days, in others it might take seven weeks. If your child is one of those sensitive to, or allergic to these chemicals then you will see a benefit for all your efforts, so persevere.

9. Severely hyperactive children are frequently prescribed behaviour modifying drugs and you should never make changes without consulting the doctor.

Until recently, many children's medicines contained flavourings and colourings which cause the problems. Most are now available without them.

## **Foods to avoid**

### **GROUP I**

This is the list of fruits and vegetables that contain natural salicylates. They must be omitted in any and all forms – fresh, frozen, canned, dried, as juice or as an ingredient of prepared foods.

#### Fruits

Almonds  
Apples  
Apricots  
Berries:  
    Blackberries  
    Gooseberries  
    Raspberries  
    Strawberries  
Cherries  
Currants  
Grapes and raisins or any  
    product made of grapes,  
    e.g. wine, wine vinegar,  
    jellies, etc.  
Nectarines  
Oranges (Note: grapefruit,  
lemon and lime are  
permitted)  
Peaches  
Plums and prunes

#### Vegetables

Tomatoes and all tomato products  
Cucumbers (pickles)

Try the foods one at a time for about three or four days. If there's no unfavourable reaction, another item can be added. This procedure is followed until all items in Group I are tested and those to which there is no adverse reaction are restored to the diet.

### **GROUP II**

All foods that contain artificial colour and artificial flavour are prohibited. The following list is meant to serve as a guide for shopping and food preparation.

It should be emphasised that this diet is not concerned with food preservatives except for Butylated Hydroxy Toluene (BHT). An occasional child may show an adverse response to BHT.

All foods that contain artificial colour and artificial flavours are not listed. Such a list is not practical. Do not use any foods that contain these substances.

The safest approach is to carefully read the labels. Upon checking in the market, a number of items will be found to contain no artificial colour or flavour.

There are some permitted food items that must be prepared at home to avoid synthetics

#### Not Permitted

#### Cereals

#### Permitted

#### Cereals

All cereals with artificial colours and flavours

All instant-breakfast preparations

### Bakery Goods

All manufactured cakes, pastries, sweet rolls, doughnuts, etc.  
Pie crusts

Frozen baked goods

Many packaged baking mixes

### Luncheon Meats

Bologna  
Salami  
Frankfurters  
Sausages  
Meat Loaf  
Ham, bacon, pork  
(When coloured or flavoured, usually indicated on the package)

### Poultry

All barbecued types

All turkeys, with prepared basting called 'self-basting', prepared stuffing

### Fish

Frozen fish fillets that are dyed or flavoured; fish sticks that are dyed or flavoured

### Desserts

Manufactured ice creams, unless the label specifies no synthetic colouring or flavouring; the same applies to sherbet, ices, gelatins, junkets, puddings

Any cereal without artificial colours or flavours, dry or cooked

### Bakery Goods

Any product without artificial colour or flavour but most bakery items must be prepared at home

All commercial breads except egg bread and whole wheat (usually dyed, unless 100% wholewheat, e.g. Allinsons)

### All Meats

### All Poultry except Stuffed

### All Fresh Fish

### Desserts

Homemade ice cream without artificial colouring or flavouring

Gelatins – homemade from pure gelatins, with any permitted natural fruit or fruit juices

All powdered puddings

Tapioca

All dessert mixes

Homemade custards and puddings

Flavoured yoghurt

Plain yoghurt – permitted  
fresh fruits or juice may be added

### Sweets

### Sweets

All manufactured types,  
hard or soft

Homemade sweets without almonds

### Beverages

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Cider

Grapefruit juice

Wine

Pineapple juice

Beer

Pear nectar

Diet juices

Guava nectar

Soft drinks

Homemade lemonade or limeade  
from fresh lemons or limes

All instant breakfast drinks

All quick-mix powdered drinks

Milk

Tea, hot or cold

Prepared chocolate milk

Coffee

### Miscellaneous Items

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Any margarine containing artificial additives

All cooking oils and fats

Coloured butter

Butter icing, not coloured or flavoured

Mustard

Mustard prepared at home from pure powder and distilled vinegar

All mint flavoured items

Soy sauce if flavoured or coloured

Jams or jellies made from permitted fruits, not artificially coloured or flavoured

Cider vinegar

Wine vinegar

Commercial chocolate syrup

Barbecue-flavoured potato chips

Cloves

Ketchup

Chilli sauce

Coloured cheeses

Homemade mayonnaise

Distilled white vinegar

Homemade chocolate syrup for all purposes

All natural (white) cheeses

### Sundry Items

All toothpastes and toothpowder (A salt-and-soda mixture can be used for cleaning teeth.)

All mouthwashes

All cough drops

All throat lozenges

Antacid tablets

## Perfumes

Further evidence of the links between food additives and ADHD became apparent when I was privileged to spend some time with American criminologist Professor Steven Schoenthaler, at Cal-state University, Turlock, California. He was then working on similar studies with juvenile delinquents who showed dramatic improvements in behaviour within weeks of being fed an improved diet.

Schoenthaler did many more studies and concluded that a combination of improved diet and simple multivitamin-mineral supplements could change intelligence and behaviour in delinquent youngsters. Penal institutions throughout the US have followed his lead and substituted junk food full of additives for real food, high fat and sugar items for healthier options, and introduced supplements. Even schools in the US have followed suit, starting with the entire New York school system switching to healthier food and seeing an almost instant improvement in learning skills, behaviour and achievement.

The most disturbing feature of ADHD is the current vogue for the prescription of the drug Ritalin. Now believed to be taken by around a million children in the US – 12% of boys in the six to 14 age group are now taking this drug. The clinical advice is that this drug should only be used for children who fail to respond to psychotherapy and the 'special precautions' say it must only be used under the supervision of a specialist in behaviour disorders. I suspect that it is routinely prescribed on the insistence of desperate parents, long before other treatments have been explored and without the specialist supervision advised.

Children are often on this drug for long periods, side effects are common, withdrawal is often difficult. Ritalin is a 'controlled drug', classified with other highly addictive substances – before you allow your child to limp through life on this artificial crutch of a chemical straight jacket, surely it's worth a few weeks of time and a bit of extra trouble to try the diet.