

The Hyperactive Children's Support Group



ADHD / HYPERACTIVE CHILDREN A GUIDE FOR PARENTS

The Hyperactive Children's Support Group

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PUBLISHER'S NOTICE: While there is no risk of side-effects in following the self-help approaches suggested in this book, it is very important that parents also consult their family doctors to ensure that no fundamental medical problems are being overlooked.

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A letter to parents

Hyperactivity

By Sally Bunday - Founder /Director
Hyperactive Children's Support Group

"A jolly good hiding is all he needs!" "Spoilt brat!"

"If he were mine he would not behave like that!" I lost count of the number of times I overheard these remarks when out with my son.

His problems began soon after birth with crying, restlessness, colic, not sleeping, difficult to feed, hated being held. As he grew older he had reached all the usual milestones much earlier than my daughter. Life was beginning to take on nightmarish qualities. Going shopping, visit friends, outings, all caused chaos and misery. Being at home was not much better. The child suffered chronic catarrh and abnormal thirst and still only slept 2-3 hours at most. We tried everything to cure his hyperactivity, including a number of prescribed sedatives. Antibiotics were also regularly given by the doctor to clear the ever-present catarrh, to no avail. We were desperate. The whole family was very depressed. Simple tasks like a bath, meals, getting dressed all turned into a disaster area of screams, tears and tantrums.

Quite by chance I heard of the work of Dr Ben Feingold, who recommended the avoidance of certain food additives, colourings, preservatives, flavours, BHT, and BHA (antioxidants), also some fruits containing natural salicylates (aspirin family). We tried this diet on my son (the whole family also ate the same food) and within four days he was sleeping, happy and calmer and the abnormal thirst and catarrh cleared up. Being very encouraged by these results, I decided to investigate fully the many problems associated with hyperactivity. My son was diagnosed hyperactive by a psychiatrist at two and a half years, so it was not an imagined condition.

The symptoms of hyperactivity are many and varied:

Poor sleep, clumsiness, lack of concentration, inability to sit still for more than a few minutes, easily distracted, eye and hand control poor, talkative, short attention span, disruptive, highly strung and easily upset. Irritable, depressed, inattentive, lying, stealing, abusive manner (more common in the older hyperactive child).

From our work we find that most hyperactive children of all ages come from atopic families and usually suffer from various medical complaints: catarrh, runny nose, headaches, tummy aches, bedwetting, diarrhoea, eczema, asthma, general aches and pains, abnormal thirst, often poor speech and hearing difficulties. Hyperactivity is not, unfortunately, confined to the pre-school age child, but continues through life, especially if no suitable treatment is given.

Teachers see a very difficult, disruptive child who, although appearing quite bright, fails to achieve, and whose reading, writing and comprehension can be rather poor. When confronted with such a child it is all too easy to blame the parents, home environment and lack of discipline.

Until recently the idea that what you ate or breathed in could have an effect not only on physical health, but on behaviour and learning, was treated with scorn. Fortunately, the medical world and many thousands of parents have now discovered that the phrase, 'You are what you eat' is only too true.

If we consider food additives, there are hundreds of food additives permitted in today's modern diets, some of which are linked to many health problems, e.g. Tartrazine (E102) has long been known to provoke allergic reactions and is found in countless popular (especially to children) foods and soft drinks. Vitamins and medicines for children can also contain food colours and sweeteners.

In addition to the chemical additives in food, many pesticides and fungicides are used on vegetables and fruits. Environmental pollutants also contribute to the problems of hyperactivity and learning difficulties. It is well known, or should be, that lead water pipes are a serious cause for concern. A good natural additive-free diet can help. Of course some basic natural foods can contribute to hyperactive behaviour. Cow's milk, wheat, chocolate and oranges are just a few examples of the most well known.

Parents of these hyperactive, food / chemically - sensitive children need help and support from teachers, play group leaders, friends and relatives. Countless children whose parents have contacted the Hyperactive Children's Support Group, are leading happier, calmer lives. One teenage boy who was not only hyperactive, but very violent as well, changed completely once food additives and fizzy drinks were cut out of his diet.

Before condemning a child as naughty, lazy, spoilt, and undisciplined, find out what the child has been eating and drinking, or has been exposed to in the way of chemicals, exhaust fumes, etc.

I hope the information in this publication which includes the Feingold Food Programme proves helpful for your child and family.

Signed, Sally Bunday MBE

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Symptoms and Descriptive Characteristics of the Hyperactive Child

Not every child will have all the symptoms noted below, and of course there are degrees of the problem.



Young children will respond much more quickly to dietary change. Older children may need other forms of help and it is important that a careful watch is kept on the child's progress, so that further help and treatment may be recommended.

As they pass through puberty, hyperactive children may experience a spontaneous alteration in their behaviour pattern with a lessening of hyperactivity and aggression. However it is possible that some problems remain and it is essential that attention to diet and other forms of help are continued.

Many parents have reported their baby hyperactive in utero.

Some hyperactive children as babies are fairly settled & calm, problems begin when child becomes more mobile

IN INFANCY

- Crying, screaming, restlessness ... many need little sleep.
- Colicky, very difficult to feed, whether breast or bottle fed.
- Cannot be pacified or cuddled ... often spurns affection.
- Excessive dribbling ... may be very thirsty.
- Head banging, cot rocking.
- Fits and tantrums.
- May not crawl

OLDER CHILDREN

(in addition to the above)

- Clumsy, impulsive - often accident prone.
- Erratic disruptive behaviour.
- Compulsive 'touching' - everything and everyone.
- Constant motion - wiggles legs.
- May walk on toes - runs everywhere.
- Disturbs other children - may be aggressive.
- Unable to concentrate - never finishing anything he/she begins.
- Demands must be met immediately.
- Frustration leads to temper tantrums.
- Normal or high I.Q. but fails at school.
- Jekyll and Hyde moods.
- Poor appetite ... poor hand and eye co-ordination.
- Unco-operative, defiant and disobedient.

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- Self abusive (pulling hair/ picking skin etc)
- Continued problems with sleep ... wakes many times in the night.
- Cannot sit through a meal
- Bedwetting.
- More boys than girls are hyperactive, our figures show a ratio of 3:1 (high percentage of blonde, blue-eyed boys).
- A number of health problems afflict these children. In infancy they may suffer colic, diarrhoea, rashes, ear and chest infections.
- Almost all hyperactive children are emotionally immature...perhaps 2-3 years behind their chronological age.
- They often show no fear...they take risks, climb high obstacles, see no danger to themselves.
- May have a high 'pain threshold', e.g. do not cry when hurt.
- May have poor 'Gross Motor Control' .. i.e. are exceptionally clumsy, collide with objects, trip when walking, are poor at sports, or have poor 'Fine Motor Control' ...difficulty in writing, drawing, tying shoe laces, buttoning etc.
- They 'hog' the limelight, and are inclined to disrupt other children's games and often have difficulty in mixing with their peers ... or become the school clown.
- They sometimes prefer the company of younger or older children.
- Some become withdrawn.
- Many hyperactive children suffer speech,

hearing, vision and memory deficits, and coupled with their poor concentration, school becomes a frustrating and extremely difficult place for these children. For example the 'Open Plan' classroom may be unsuitable for hyperactive children.

- Great improvements can be made with proper diet, correction of any nutritional deficiencies, attention to and help with specific learning difficulties.



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Getting Co-Operation with the "Feingold Food Programme"



When approaching the child with whom you want to try the "Feingold Food Programme", it is often easier to gain his or her consent if you use the idea of trying an experiment "to see if it makes you feel better", or "to see if life gets easier". Some parents have selected an area which they know bothers the child. "I've heard that certain chemicals in food seem to be bothering some children and make it hard for them to sit still, draw, play ball, not fight with other kids. Let's try giving you foods without these chemicals to see if it helps you". This makes the food the culprit and does not say, "You are bad".

Most young children are very co-operative with the experiment idea and will enjoy becoming involved with the cooking and shopping. Even young children can learn to recognise BHT, MSG, etc., on product labels.

Other children might respond to a reward system. Keep a record with stars or points for good behaviour or calm days. Try to keep it positive, building up to an agreed-upon larger reward after a time period. More smaller rewards work better than a few big ones. Once the children see good results for themselves, it becomes important to them to carefully monitor their own food programme.

Approach older children on an adult level. They may want to read the Guide for Parents book themselves and assume the responsibility of keeping their own Diet Diary. Some may want to be involved with food preparation, shopping and menu planning.

Some will want to keep their dietary programme private. Others will want to share it with their Class as a report or science project. Let your Feingold child make these decisions themselves.

Teenage siblings present a special problem. They may resent the loss of "forbidden foods". Try appealing to them by pointing out that if they co-operate, they can look forward to a happier home life. When the younger brother or sister calms down, the teenagers will be able to bring their friends home without having to be constantly aggravated by the youngster's negative behaviour.

The FEINGOLD FOOD PROGRAMME works best when the whole family understands its importance and will co-operate. When the whole family members follows the Programme, no-one feels singled out or punished. All family members must remember that only OK foods can come into the house. After things become calm, older siblings often see that it is also to their advantage to do their part in insuring the success of the Programme.

Stage One:

Two groups of food are eliminated by this diet.

Group One

All food and drink containing the following additives must be avoided.

- SYNTHETIC COLOURINGS
- SYNTHETIC FLAVOURINGS
- CALCIUM PROPIONATE
- BENZOATES
- BUTYLATED HYDROXY ANISOLE (B.H.A.)
- BUTYLATED HYDROXY TOLUENE (B.H.T.)
- ARTIFICIAL SWEETENERS
- FLAVOUR ENHANCER, MONOSODIUM GLUTAMATE E621.

Some manufacturers use the E numbers to identify additives ... others use the chemical names ... so look carefully at the labels.

Owing to EU harmonisation it has been necessary to include many more additives than appear on the original USA list.

Group Two

Some fruits and vegetables contain natural 'salicylate' (which is closely allied in basic structure to aspirin) to which these children are sometimes 'sensitive'.

These must be avoided for the first 3-4 weeks, in any form...fresh, frozen, canned, dried, as juice or as an ingredient in prepared foods.

- Almonds/Peanuts
- Apples* (also cider and cider vinegar)
- Apricots
- All berries
- Cherries
- Cloves
- Coffee
- Cola
- Corn
- Cucumbers and Pickles
- Currants
- Curry
- Grapes and Raisins (also wine and wine vinegar)
- Green and Red Peppers (also Chillies)
- Mint
- Nectarines
- Oil of wintergreen (Methyl Salicylate)
- Pineapples

- Plums and Prunes
- Tangerines
- Tea
- Tomatoes
- Aspirin and medication containing aspirin are also eliminated.
- Golden Delicious apples are low Salicylate and may be okay.

Stage Two:

After a favourable response has been observed for 3-4 weeks, the foods in Group Two may be carefully re-introduced and tested one at a time (as outlined in the section 'Adding Back Salicylates' *see page 14*). The foods in Group One are never re-introduced. List of sugars available

- SAE please.

**Based on the Feingold Diet, USA.*

Sugar

Suggestions to help you deal with the problems of sugar.

For a child who is behaviourally sensitive to sugar, be certain that sugar is never ingested on an empty stomach. High protein foods in the diet seem to lessen the effects of sugar.

Some parents said their children who had an insatiable craving for sugar before the Feingold Diet, no longer crave for sugar. They still like it but can now take it or leave it. The craving returns only when there has been a dietary infraction.

Do not lump the Feingold Diet and sugar together in your child's mind. Confusion results when he must realise that even the tiniest amount of colour or flavour can cause bad effects, but almost everyone can tolerate a few grains of sugar. It is better to explain to the child that too much sugar is not good for anyone. Too much sugar can cause tooth decay and other diseases and sugar highs for everyone - not just those on the Feingold Food Programme.

Artificial Sweeteners are not allowed by law in foods especially prepared for infants/children under 3 years.

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Food Additives

Listed below are All the synthetic colours and some of the preservatives and ant-oxidants currently used by food manufacturers which are to be avoided on the Feingold Programme

Not all manufacturers use the E number codes, so check carefully the additive names.

COLOURS

- E102 Tartrazine
- E104 Quinoline Yellow
- E110 Sunset yellow FCF
- E122 Carmiosine or Azorubine
- E123 Amaranth
- E124 Ponceau 4R or Cochineal
- E127 Erythrosine BS
- E128 Red 2G
- E129 Allura Red AC
- E131 Patent Blue V
- E132 Indigo carmine or Indigotine
- E133 Brilliant Blue FCF
- E142 Green S (Acid Brilliant Green)
- E150 Caramel (b) (c) (d)
- E151 Black PN (Brilliant Black BN)
- E154 Brown FK (kipper brown)
- E155 Brown HT
- E161 (g) Canthaxanthin
- E173 Aluminium
- E180 Pigment Rubine (Linthol Rubine BK)

FLAVOURINGS

All flavourings, unless clearly stated 'Natural', must be avoided. Flavourings do not have 'E' numbers.

FLAVOUR ENHANCERS

- E621 Monosodium Glutamate (MSG)
- E622 Monopotassium Glutamate (MPG)

ANTI-OXIDANTS

- E320 Butylated Hydroxy Anisole (BHA) E321 Butylated Hydroxy Toluene (BHT)

PRESERVATIVES

- E210 Benzoic Acid
- E211 Sodium Benzoate
- E282 Calcium Propionate

Some Preservatives 'The Sulphites' are known to be a particular problem for Asthmatics'

- E221 Sodium sulphite
- E222 Sodium hydrogen sulphite
- E223 Sodium metabisulphite
- E224 Potassium metabisulphite
- E226 Calcium sulphite
- E227 Calcium bisulphite
- E228 Potassium hydrogen sulphite

Other Additives which are a problem for Asthmatics or Aspirin sensitive people (possibly also those sensitive to salicylates)

- E212 Potassium Benzoate
- E213 Calcium Benzoate
- E214 Ethyl 4 hydroxybenzoate
- E215 Ethyl 4 hydroxybenzoate
- E216 Propyl 4 hydroxybenzoate
- E217 Propyl 4 hydroxybenzoate
- E218 Methyl 4 hydroxybenzoate
- E219 Methyl 4 hydroxybenzoate
- E230 Diphenyl
- E231 Ortho phenylphenol
- E232 Sodium Orthophylphenate
- E233 Thiabendazode
- E234 Nisin
- E235 Natamycin

Other additives not allowed for infants and young children

ANTI-OXIDANTS

- E310 Propyl gallate
- E311 Octyl gallate
- E312 Dodecyl gallate

SWEETENERS

- E950 Acesulfame
- E951 Aspartame
- E953 Isomalt
- E954 Saccharin
- E965 (i) (ii) Maltol
- E966 Lactitol
- E967 Xylitol - OK, *but not for infants*

PARLIAMENTARY LEGISLATION

COLOURS...(EXCEPT FOR 3 natural colours E101, E101a & E160b, Flavour modifiers (MSG etc) Nitrites/Nitrates are not permitted in foods described either directly or by implication as being especially prepared for infants and young children.

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Natural Foods that may Cause Problems

The following chemicals are found naturally, not added, in a wide range of foods. This might account for the mixture of foods that cause problems.

Benzaldehyde

a problem for asthmatics. Found in almond, blackberry, cherry, grapes, peach, pear, strawberry.

Naturally occurring Benzoic Acid -

also a problem for asthmatics. Found in apricot, apple, coconut, blackberry, cherry, pear, grapes, milk, orange, pineapple, rhubarb.

Naturally occurring BHT -

found in cocoa.

FD and RED No2 -

naturally occurring in orange and cherry.

Formaldehyde

Found in apple, avocado, cherry, coffee, cow's milk, mushrooms, pineapple.

Phenyisothiocyanate -

noted in wheezing chest. Naturally occurring in soya beans, red beans, brussel sprouts, cocoa, cow's milk, onion, tomato.

There are many naturally occurring chemicals, which can cause problems. For instance, cocoa contains 10 different chemicals, all of which can cause a range of allergic reactions. Tomato has 12 different compounds. You will notice how many items are natural Salicylates.

CHILDREN GO HAYWIRE

Some of us have found the additive which affects our children the worst is Calcium Propionate (E282), the bread preservative.

Calcium Propionate can cause aggression, hyperactivity, a 'spaced-out' or 'not with it' attitude, learning difficulties and constant fatigue, as well as physical symptoms like stomach ache and headache.

It is also the most difficult to detect because bread is eaten frequently and the effects can be slow and cumulative.

When Darwin bakers mistakenly added E282 to supposedly preservative-free bread, a local paediatrician was surprised by the number of mothers complaining their children had "gone haywire".

This preservative is so far found in wrapped bread, some buns, rolls and crumpets.

With thanks to Darwin ADD Support Group.

SPECIAL NOTES

E249 Potassium Nitrite
E250 Sodium Nitrite
E251 Sodium Nitrate
E252 Potassium Nitrate

*It is virtually impossible to find Bacon & Ham without Nitrites or Nitrates. They should be avoided by infants. Keep an eye on sensitive children for any reactions.

*M&S food and Sainsbury's sell Nitrate free bacon

E120 Cochineal / carminic acid
E160b Anatto
E153 Carbon Black

These are Natural colours which may not suit sensitive children, so keep an eye out for any reactions.

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Feingold Food Programme

FOOD ALLOWED

• MEATS

Fresh meats (all)
Offal
Poultry fresh or frozen
Frozen carcass meats
Some sausages are okay but check before you buy.
Ham & bacon (if free from Nitrites / Nitrates or if Nitrites & Nitrates are not a big problem)

• FISH

Fresh fish
Fresh shell fish
Frozen white fish
Tinned fish in oil or brine

There are more fish products that are free from artificial colours now - check labels.

• DAIRY FOODS

Fresh milk/egg, Organic yoghurt
Plain/natural yoghurt or with suitable fruit
Some margarines**
Butter
White cheeses, without flavourings
Custard with betacarotene E160
organic ice cream

• BREADS/ FLOURS

Wholemeal* bread and flour (81 %-100% stoneground or unbleached flour)
Wholemeal pasta/ organic pasta
Homemade bakery goods e.g. cakes and biscuits.
Porridge oats
Rice
Some shop bought biscuits***
Most cereal without colours/flavours
White organic bread and flour

FOOD NOT ALLOWED

• MEATS

Processed luncheon meats/corned beef
Smoked meats
Bologna, salami
Frankfurters,
Barbecued meat and poultry
Meat pies (shop bought)
Some without added colourings/flavours/preservatives may be possible.

• FISH

Smoked fish (i.e. smoked haddock /mackerel)
Kippers with colourings
Frozen fish with coloured coatings, i.e. fish fingers
Many are now free from artificial colours so they may be okay - check labels.

• DAIRY FOODS

Artificially coloured milkshakes
Artificially flavoured/ coloured yoghurts
Coloured cheese
Margarine with artificial colour

• BREADS/ FLOURS

Packet mixes...soup, sauces, cake, puddings, etc.
Corn based cereals with additives.
Porridge which may contain additives
Watch MALT in cereals
Watch wholewheat breakfast cereals - they may be a problem for some children

*Provided wholemeal does not cause adverse effects.

**The HACSG "Shopping Basket" list gives some alternatives.

***There are bakery products and some biscuits without additives

FOOD ALLOWED

• VEGETABLES/PULSES

All fresh/frozen vegetables (except those in group 2, for 3-4 weeks)

Some tinned in water only

Pulses

Some dried vegetables

Soya

• FRUITS

(except those in group 2 for 3-4 weeks)

Fresh and frozen	Banana
Pear	Lemon
Grapefruit	Melon
Guava	Avocado
Rhubarb	Figs (fresh)
Mango	Some tinned in own juice

• PRESERVES, JAMS etc.

Lemon Curd, Jam, marmalade with permitted fruits

Ice creams/lollies made with permitted fruit juices and plain gelatin

White vinegar

Stevia } should be okay

Xylitol

Maple syrup

• MISCELLANEOUS

Plain unflavoured crisps

Some nuts** (avoid peanuts)

Drinks etc. made from permitted fruit juices.

Natural Still Lemonade

Carob

Water, tap/filtered and some, glass bottled waters

FOOD NOT ALLOWED

• VEGETABLES AND FRUITS

Those given in group 2, for 3-4 weeks (containing salicylates)

Tinned vegetables and tinned fruit with colour

• MEDICINES & VITAMINS

Aspirin

Artificially coloured vitamins

Cough sweets and pastilles

Artificially coloured tablets

Alka Seltzer

Coloured toothpaste

Coloured and perfumed bubble bath, etc.

Artificially coloured medicines

• PRESERVES, JAMS etc.

Shop bought jam and marmalade** with additives

Jellies/puddings etc. with additives

Vanilla, caramel and mint flavours

Cider and wine vinegars

Soy sauce, chilli sauce

Sweet/savoury bought sauces, gravy mixes, stock cubes**

• MISCELLANEOUS

Flavoured crisps.

Tea, coffee, instant mix drinks

Soft drinks/squashes (with colours, sweeteners etc.)

Cider, beer, wine

'Diet', sugar free drinks

Peanuts, almonds

Chocolate

Energy drinks

*Provided wholemeal does not cause adverse effects.

**The HACSG "Shopping Basket" list gives some alternatives.

***There are bakery products and biscuits without additives

The Food Programme

Some Ideas for Meals

• Breakfast

Porridge/ *Shredded Wheat or other permitted cereals / bread and butter / toast / eggs - boiled, fried, poached, scrambled / fish / bubble and squeak / fresh fruit - pears, bananas (added to cereal or plain) / yogurt / honey / permitted marmalades.

Drinks - milk (provided that it is tolerated) / permitted fruit juices, water / Barley Cup (a caffeine-free coffee-type drink).

Always dilute fruit juices with water at least 50/50

• Dinners

Roast meats / quiche / shepherd's pie/ cottage pie / minced beef / steak and kidney pie / chicken risotto / chicken casserole / beef and lamb stew / casserole / braised beef / fish - grilled, fried, baked, fish cakes / spaghetti bolognaise / braised liver and onions / egg and chips / potatoes - boiled, fried, roast, mashed, baked in jackets / dumplings / Yorkshire pudding / mushrooms, peas, beans, cabbage, spring greens, onions (baked and boiled), leeks, spinach, lettuce, celery, cauliflower, broccoli, sprouts, swedes, turnips, celeriac, carrots, lentils / pearl barley, split peas and other pulses / macaroni / pasta/ rice / beef burgers (additive free only)

• Puddings

Fresh fruit / rice, tapioca, semolina / ice cream (artificial additive free/ ANATTO free only) fresh cream / jelly made with plain gelatin / fruit juice / lemon meringue pie / steamed sponge with syrup or permitted jams / pancakes - plain or with fruit / banana fritters / fresh rhubarb pie or crumble / permitted yogurt (Agar Agar is a natural gelling agent) / banana and custard (check shop bought if free from ANATTO E160b)

• Teas

Jacket potato, with grated cheese or tuna fish / sardines on toast / homemade soups / eggs - boiled, poached, scrambled, fried / pancakes / sandwiches - egg, lettuce, cheese, tuna / mushrooms or roes on toast / permitted crisps with celery and cheese / homemade cakes, biscuits with dates, walnut, lemon, coconut - plain white icing may be used / salad / coleslaw / potato/ grated carrot.

• Snacks

Raw carrots / dates / homemade or permitted biscuits (not too many) / permitted fruits / bread sticks / rice cakes

The above range of meals should provide a good nutritional standard.

Tomato is one of the most useful vegetables and one of the most difficult to replace. As tomato is one of the high salicylate items, it would be helpful if tomato were the first salicylate item re-introduced. Alternatively the tomato sauce in baked beans is lower in salicylate than other tomato products, you could try this in bolognaise or on homemade pizza.

Eliminating synthetic chemical additives will in many cases remove the problem of hyperactivity. It must be remembered that we are not eating just because it is fun and to keep us from being hungry. Our bodies need fuel for energy and for the production of healthy new cells. It is especially important to a growing child that his diet is a balanced one containing all the nutrients necessary. Each day we must have food from the four food groups.

MEATS, FISH, EGGS, POULTRY -

provide iron, B vitamins, niacin, protein and zinc.

*Providing wheat is not a problem

**There are many more artificial colouring free products around now, read labels and ingredients lists with care

DAIRY PRODUCTS

Three or four servings for a child under 17 (unless allergic to dairy foods, in which case a suitable replacement will be needed).

BREAD AND CEREALS -

Four servings. Grains are rich in B vitamins. White flours have had the important wheatgerm removed. Use wholewheat wherever possible.

VEGETABLES AND FRUIT -

Seven fruit and/or vegetable servings daily. Potatoes and mushrooms are good sources of minerals. Parsley and carrots are high in vitamin A. Most vegetables and fruit also contain vitamin C. Frozen varieties are acceptable. Green leafy vegetables a good source of magnesium

NOTE:

Fat soluble vitamins are: A, D, E and K. It is better if fat is included in the meal so the vitamins can be assimilated.

Safflower/sunflower oils are polyunsaturates - use for salads etc. and not for cooking. Olive oil and butter are recommended for cooking

Vitamin C and the 'B' group are water soluble, and we need regular daily supplies.

VITAMIN/MINERAL SUPPLEMENTS

Over the last 20 years, we have found that many hyperactive/ allergic/learning-disabled children are very deficient in essential nutrients. These deficiencies will affect behaviour, health, learning and general well being.

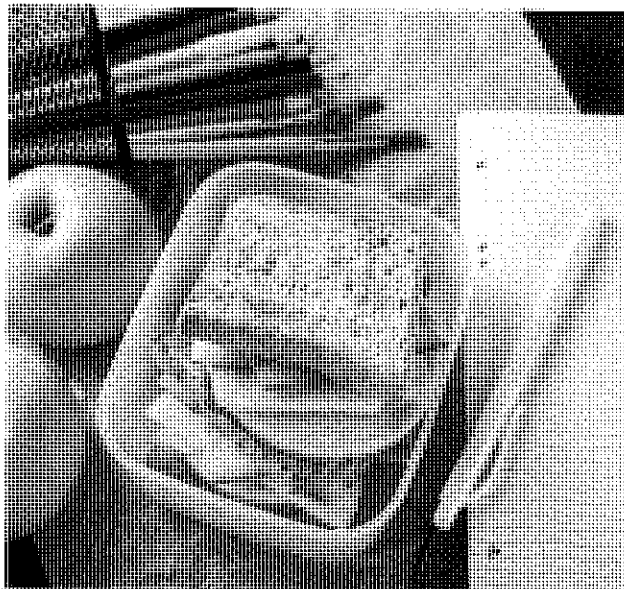
Many have poor appetites, owing to their allergies have poor absorption from the gut, or simply cannot sit still long enough to eat a proper meal.

They can respond well to small daily amounts of a general vitamin/ mineral supplement, together with extra vitamin C, zinc and where required essential fatty acids.

For a list of vitamin and mineral food sources and functions please send 2x 1st Class stamps to HACSG or send email to hacsg@hacsg.org.uk for details.

MINERAL TEST RESULTS

The majority of children tested for mineral levels have deficiencies of zinc and magnesium. A full mineral analysis will check essential minerals and toxic metals. Contact HACSG for details.



STAGE 2 - adding back Salicylates

Three to four weeks after you have noticed a good response to the basic diet, you may want to test foods containing salicylates (group 2) in the hope that you or your child may be able to use some or all of them. Do so carefully!

By now you and your family have witnessed first-hand the link between what we eat and how we behave. Even though a natural salicylate is a wholesome food, it can cause an adverse reaction in someone who is sensitive to it.

While some will be able to tolerate all salicylates and others can tolerate none, the typical Feingolder can consume most of them in moderation. If there is a history of aspirin sensitivity in the family, an intolerance is more likely. Currently the only way to know who can tolerate salicylates and who cannot is by trial and error. For this reason it is especially important to keep a diet/behaviour diary and observe changes in school and work performance.

- To begin testing, try only one salicylate at a time. Use the new food several times for about a week (unless a reaction occurs). During this time observe any changes in behaviour or attitude. Many families wait until a Friday so that they can observe the individual over a quiet weekend, away from the pressure of school or work.
- Try to select a fresh, unprocessed, locally grown salicylate fruit or vegetable in season.
- If the first salicylate tested is tolerated, wait several days and then try another.
- If the first salicylate you try causes a reaction, don't give up. Wait a week or so and try another. Perhaps one of the other salicylates will be better tolerated.

- A person may be able to tolerate one kind of salicylate, such as apples, but react strongly to another such as oranges.
- Also note that the salicylate level in a food may vary depending on whether it is cooked, dried, or raw. Some individuals may be able to tolerate one form, but not another.
- Salicylate juices, jellies, and syrups will be much more concentrated than the raw form and may not be as easily tolerated.
- Different varieties of the same fruit may contain different amounts of salicylate. For example a person may be able to tolerate green apples, but not red apples, red grapes but not green grapes, etc.

Watch out for a Cumulative Effect with Salicylates.

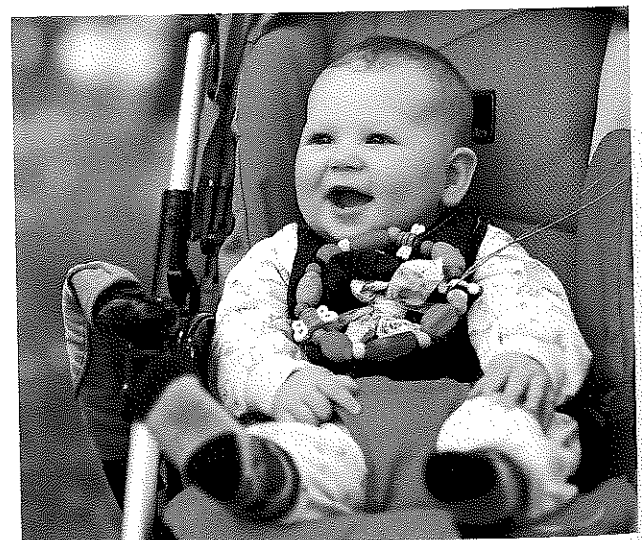
Be cautious with salicylates, even if you receive no response during testing.

For most individuals on the Feingold Programme a daily intake of salicylates may eventually undermine the diet, even though no specific reactions were noticed during the testing period.

Once the diet starts to work, it does not cease to be effective. If after a successful period a problem is noted, you may have added back too many salicylates. Simply return to Stage 1 of the diet.

A complete list detailing the levels of salicylates in foods and herbs etc.

Available from HACSG.



The Hyperactive Children's Support Group

How to Identify Improvement

On average, an improved behaviour response can be observed within one to six weeks. More time, perhaps six months to a year may be needed to see academic improvement. Some time is needed for the child to 'catch-up' in maturity and sociability. Sometimes the change is so gradual it takes a reaction to remind the family or the teacher how much improvement there actually has been.

If the child has been taking behaviour modifying drugs for any length of time, it may take longer to achieve a full response. Be patient.

Here are some examples that families have reported;

- You may notice that the child stays seated at the table throughout his entire meal.
- He/she may show signs of affection or allow you to demonstrate affection that might not have been previously accepted.
- The child may walk into a room and sit on a chair rather than 'crashing' through the door and 'attacking' the furniture.
- You might have a quiet car ride instead of having the child play with dials and buttons, flip the ashtray cover repeatedly, and jump from the back seat to the front with annoying frequency. The child may even sit in his/her seat belt.
- Perhaps the response to your discipline may be 'I'm sorry' instead of telling you that it's everyone else's fault.
- You may notice that even with a friend over playing for an hour, the child's room does not look like a war zone.

- Family members may notice that they finish a whole conversation without disruption.
- When you see him/her yawn or show signs of fatigue, you say 'It's bedtime' and then you are surprised that the child actually goes without the usual two hour protest.
- Maybe the child will sleep through the night or sleep late for the first time.

Although the FEINGOLD FOOD PROGRAMME has resulted in a high rate of success, and in many cases an improved family situation, there are those for whom little or no improvement is noted, even with a 100% effort. The reason for this is that there are other causes for hyperactivity and learning and behaviour disorders. Although we believe that food sensitivity is the most common cause, we encourage these families to continue to search for a solution, and we remain supportive of their efforts.

With thanks to the Feingold Assn. of the USA.



The Hyperactive Children's Support Group

Other possible causes of Hyperactivity

Food Intolerance or Allergy

The 'food programme' was formulated by the late Dr Feingold, and eliminates many synthetic additives used in a variety of foods, drinks and medicines.

His aim was to get the children better, using diet in the management of H.A. as an alternative to medication. He was acutely aware of the importance of nutrition in behavioural disorders and learning disabilities. So the Feingold 'Diet' must be given a fair trial over a few weeks, especially with an older child or adolescent, as they take longer to respond. Younger children respond quite rapidly, but some children may have food 'intolerances' or 'sensitivities'.

Dr Feingold says that in dealing with the child who is not only Hyperactive/Learning - disabled but also 'allergic', 50% will respond to the 'Diet' without any special attention being paid to the allergy. However, when allergy is present, management of the allergy must be instituted for the 'Diet' to succeed.

It has been known for some time that allergies run in families, this is borne out by the work HACSG has done over the last 41 years. There is a suggestion in new research (1992) that the risk of 'atopy' (allergy) is higher for children of atopic mothers than atopic fathers, and further work is contemplated on a 'genetic' maternal marker. German research 1992 states that 'ENVIRONMENTAL AND HEREDITARY FACTORS ARE THE MOST IMPORTANT CAUSE OF ALLERGIES'.

In the next few pages we outline other possible causes of hyperactivity and give some indications of the symptoms of food 'intolerances' and 'sensitivities' which may affect Hyperactive Children and Adults. If you suspect that your child may be suffering from any of these you should seek medical help. We must point out that we cannot offer medical advice, as no member has any medical qualifications. In case of difficulty please contact us, and we will try to put you in touch with a suitable medical consultant; often this will be in private clinics or testing centres.

• FOOD ALLERGIES OR INTOLERANCES

Likely foods - milk, grains, sugar, eggs, chocolate, citrus fruits especially oranges, corn, coffee, cheese, fish, (possibly also veal and beef if you are intolerant to milk).

• MILK ALLERGY

It has been known for some time, that 'COLIC' can be due to INTOLERANCE OF COW'S MILK, caused by a reaction of the baby's digestive system to COW'S MILK PROTEIN (CASEIN). USA researchers say that a cow's milk protein (bovine IgG) is present in infant formula and is PASSED TO BREAST FED BABIES WHEN THEIR MOTHERS EAT DAIRY PRODUCTS. In a previous study, the colic disappeared in 60% of breast fed babies when mothers were put on a MILK FREE DIET. (Please get in touch with HACSG for further information on this, SAE please).

Other injurious substances (including chemical food additives) may be taken into a baby's delicate system via mother's milk, so we strongly recommend that expectant and nursing mothers, as well as babies and children eat a good diet of simple fresh foods, which will supply essential vitamins, minerals and other vital nutrients, without recourse to processed and convenience foods.

• OTHER SIGNS OF MILK ALLERGY

Catarrh, looking pale and heavy with dark rings under the eyes. Poor sleep pattern, hyperactivity, generally being miserable and crying, perhaps a sickly baby. (Sometimes with diarrhoea or constipation).

• WARNING

It is extremely important that you do not take your child off cow's milk and products without medical advice from either your doctor or community dietitian as it can be dangerous to do so. If a child is very sensitive to cow's milk, and this is eliminated from the diet and then re-introduced after some time, there may be severe reactions. It is also important that you have professional help with this elimination technique.

• RESEARCH STUDIES

Three research studies completed at the Institute for Child Health showed that FOOD ADDITIVES AND SOME FOODS CAUSED HEALTH AND BEHAVIOURAL PROBLEMS. "... 93% of 88 children with frequent migraine recovered on an oligoantigenic diet. Associate symptoms improved: behaviour disorder, abdominal pain, fits, asthma, eczema. Substances found to cause reactions included: cow's milk, eggs, wheat, chocolate, oranges and cheese." (Prof. J. Soothill et al 1983). "76 selected overactive children were treated with an oligoantigenic diet. 62 improved. Substances found to cause reactions included: food additives, cow's milk, wheat, chocolate, oranges and hen's eggs, plus some other foods in small percentages." (Prof. J. Egger et al 1985). "78 children (referred to the clinic owing to their hyperactive behaviour) were placed on a few foods diet. 50 improved in behaviour during the open trial. 19 of the children were placed on a controlled double-blind challenge protocol. Conclusion: our study demonstrates that observations in change in behaviour associated with diet made by parents and other individuals involved in the child's care can be reproduced using double-blind methodology and objective assessments. Clinicians should give weight to parents' accounts and consider this therapy in selected children with a suggested medical history". **If a child is taking in large amounts of milk, this may be reduced, but dietetic advice should be sought. (Percentage reacted: food additives 70% Chocolate 64%. Cows milk 64%. Orange 57% Cow's Milk Cheese 45%. Wheat 45% Various fruits 36%. Tomato 22% Egg 18%. Plus some other foods in low percentages.) (Prof. P. J. Graham et al 1993).

It was found that children suffering from asthma, eczema, hay fever, fits, rhinitis (catarrh), headaches, abdominal discomfort, aches in limbs, mouth ulcers, rashes and THIRST may also respond well to diet.

HACSG studies and records show that a high proportion of H.A. children come from 'atopic' families, e.g. those in which eczema, asthma, hayfever are more common, and we find a large percentage of mothers of H.A. children suffer from migraine. The 4 C's said to cause migraine are coffee, chocolate, cheese and citrus fruits. So it might be worth removing these in addition to the items in the Feingold diet.

Some children belonging to HACSG have had allergy tests for cow's milk and wheat and these have proved negative. It is possible that not all the children who are affected by these foods are allergic in the true sense, but may be lacking in essential fatty acids or are unable to metabolise these in the body owing to lack of co-factors (Zinc, B/C vitamins) so as to produce Prostaglandin E1 which CONTROLS the immune system, asthma, behaviour, thirst and kidneys.

• NEW RESEARCH 1988

Prof. Neil Ward (Surrey University) published a research study on 20 H.A. children and 20 controls. The H.A. children were found to be very low in ZINC (Tartrazine E102 acts as a chelating agent so that the body is unable to use the little zinc it has). The effect of tartrazine (as opposed to placebo) on inducing a deterioration in behaviour and zinc status of the H.A. children was very significant for the limited dose given. *Research paper available from HACSG £1.00 inc. postage.*

• GRAINS (Wheat, Oats, Barley, Rye)

Are potential allergens, especially wheat. We have found that some children are very intolerant of foods containing wheat and this may cause severe hyperactive and aggressive behaviour (sometimes causes diarrhoea).

• COELIAC DISEASE

In cases of Coeliac Disease (malabsorption due to sensitivity to gluten in wheat, oats, barley and rye) there has usually been a history of loose stools, or big bulky stools" possibly passed more than once a day, since early childhood (the stools may float in the toilet pan). Sometimes these stools are very pale, sometimes they are full of undigested food; sometimes the child has long bouts of diarrhoea which are quite difficult to stop, especially when teething occurs.

The child is thin, fails to thrive, is possibly hyperactive, easily tired, prone to tears and tantrums, talkative and over excitable. Pant and bedwetting is common and sleep is usually poor. He may complain of abdominal pain or rectal cramp and may have a distended stomach.

It is possible to change the child's diet by giving no flour products or cereals for approximately 4 weeks to see if the problems clear up. It is important that you ask your GP to examine the child for coeliac disease.

• HYPOGLYCAEMIA

Low blood sugar (does not mean that sufferers need extra sugar). Signs are dizziness, headaches, irritability or increased hyperactivity before meals, especially if there has been a long gap between meals. Mood swings usually show this.

• There are a number of testing facilities in the UK, almost all are private. Send email for details



• LEAD OR CADMIUM TOXICITY

Toxic levels of lead, cadmium and copper can have a bearing on health and hyperactivity; similarly, deficiencies of essential minerals and trace elements such as calcium, iron, zinc and magnesium can cause problems. Hair analysis can give an indication of the levels of these in the body (please send email for details)

There is no substitute for a good balanced diet, preferably additive - free, especially for pregnant and nursing mothers and children. The cause of allergies may be partly due to deprivation in the womb of vital nutrients, and partly due to weaning and mixed feeding with unsuitable substances at too early an age. In an FAO/WHO report it states:

"Very young infants are especially vulnerable to foreign chemicals because mechanisms that provide protection against these substances are absent or not fully developed. It is likely that such very young children are less efficient than older children at metabolising some food additives and may therefore accumulate them to excessive levels. If this occurs at a time when sensitivity to toxic effects is critical because of the delicately balanced growth and differential processes, there may be deleterious consequences that may not appear until much later in the child's development. Very young infants may also differ from older children in relation to the physiological barriers protecting sensitive tissues, such as the blood-brain barrier or the protective barriers for retinal or lens tissue."

• ANTIBIOTICS

Antibiotics can be life savers, but when given repeatedly as has happened to many of the children we hear about, beneficial gut flora (yeasts etc.) can be changed.

Candida albicans is a form of yeast that lives in the digestive tract. Under the influence of repeated antibiotics, it can change its form to fungal growth which can multiply and infest the gut. This causes severe problems with absorption of nutrients and may lead to depression of the immune system and may contribute to food and chemical intolerances. In the infective stage it is called 'Thrush' or 'Candidiasis' and can release toxins into the system. Children can then develop yeast - connected health problems such as diarrhoea, bloating, headaches, rashes, constant colds and coughs, ear and chest infections, irritability, hyperactivity, short attention span and sleeplessness.

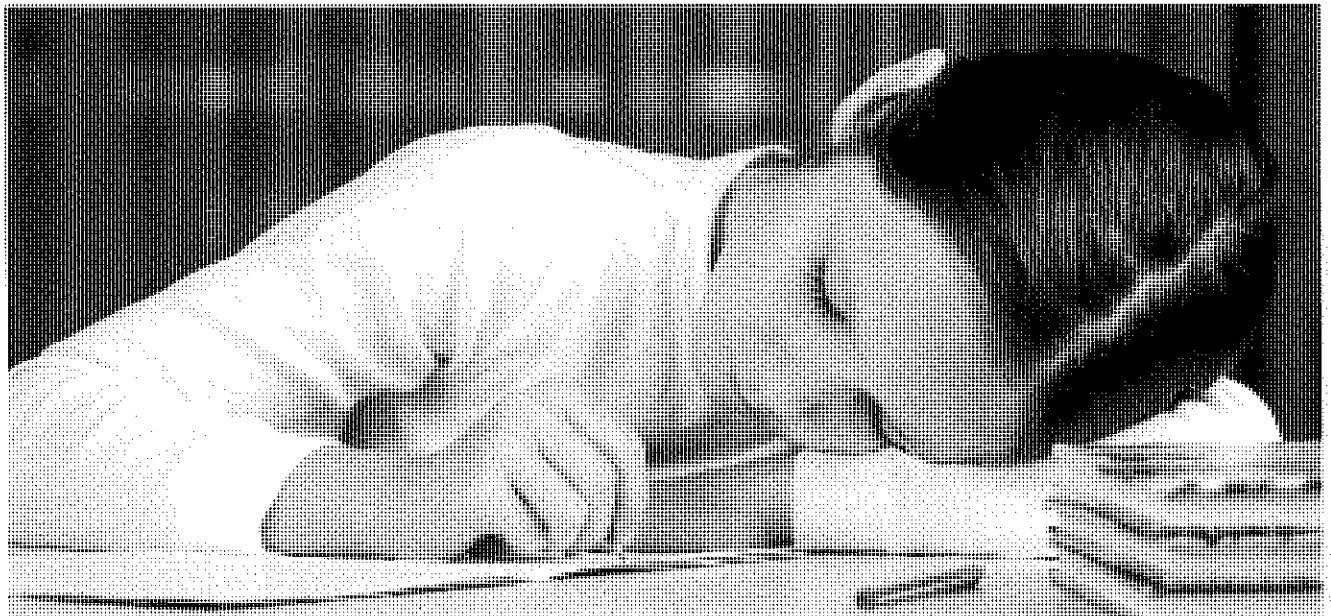
If you feel that your child could have these problems, please send a SAE to The Secretary, HACSG, for the Candida Yeast Questionnaire which has been formulated by Dr. William Crook (USA).

• SMOKING

One other word of caution - Dr Ellen Grant says that smoking by expectant mothers can account for hyperactivity - and goes on affecting the child, especially if both parents smoke.

• ALCOHOL

Drinking alcohol in pregnancy may lead to Foetal Alcohol Syndrome where the baby can be severely affected. Present advice is that very small amounts are allowed, but it would be better, for the sake of the baby, to avoid alcohol during pregnancy and breast feeding.



The Hyperactive Children's Support Group

Behaviour Therapy and Family Counselling

Improving Behaviour

Behavioural Therapy, and sometimes Family Counselling, is available, and some of our members have found this helpful with their hyperactive child.

We find that the 'Diet' leading to better nutrition could be tried as a first step, as this may eliminate many of the problems. Allergies may also need diagnosis and treatment. However, better nutrition will go some way towards helping this problem.

However, older children who have been hyperactive for years, may have established certain ways of behaving which are difficult to eradicate without the help of a professional worker (who is not emotionally involved with the child).

Parents are very often physically and emotionally drained, having tried to cope with a very wayward and difficult hyperactive child, and need someone who will be supportive and helpful in these trying circumstances.

Advice on Behaviour Therapy should be available from your local GP or CAMHS Child & Adolescent Mental Health Service.



Stress

Stress has a great bearing on the functioning of the immune system and is certainly involved with allergic reactions. Hyperactive children are usually very anxious, stress - affected children and particularly vulnerable to its effects. Life for many people is stressful, and while many can cope with it, others cannot. Below is a list of circumstances that children especially find stressful:

- Conflict within the family (itself often the product of stress)
- Moving house
- Starting school or moving to a new one
- Birth of a baby
- Death or illness of a family member or close relative
- Separation from family or friends
- Tiredness

These kinds of events and circumstances, among others, can cause many reactions including disturbing behaviour, bed-wetting, poor sleeping patterns, aggression, return to babyish behaviour, anxiety, physical health problems, etc. Often the eyes take on a glazed look or pupils become dilated.

Adults getting angry (which is the way we often deal with stress ourselves) only worsens the feelings of separation or anxiety that the child may be having.

Reassurances work better. Allow a night-light and extra bedtime story, talk over the problems if the child is willing. Often they 'shut themselves off'. Don't worry too much about this, unless it continues, when you would be well advised to seek help.





1
Be encouraging. Find something good to comment on. Reward small improvements that might go unnoticed.

2
We must try to maintain the attitude that our child is a 'good kid' with heaps of excess energy. It is important that a child always feels the acceptance of his family.

3
Be fair even when it is hard.

4
In a conflict situation offer a choice by pointing out the consequences of each action.

5
Accept the child's limitations. Avoid fatigue. Protect child from situations where excess energy would be inappropriate or embarrassing.

6
Provide an organised environment so that the child will know what will happen. Give him/her plenty of time to complete tasks. Keep household tasks as consistent as possible.

7
Provide acceptable outlets for the release of excess energy - gymnastics or sports for instance. Being outdoors is most beneficial for ADHD children.

8
Apply punishment in a non-punitive way, such as time out in the child's room. Physical punishment will often cause more agitation. Maintain discipline through a few clearly stated rules. Avoid too many unnecessary 'do's and don'ts'.

9
Be aware that children can read negative feeling in your body language.

10
Stretch his attention span by participating in games or stories when you sense that the child can be attentive. Sometimes it is important just to listen.

11
Give yourself some time away. Get a sitter, or take turns with your spouse or a neighbour. You owe it to yourself and your family, so don't feel guilty about needing a break. Take it, enjoy it, and return to your family refreshed and able to love.

12
Again, be encouraging. Temptations are hard for child and adult. Most adults can identify with the temptations of counting calories, or giving up smoking. Let us put ourselves in the child's shoes and realise that even with occasional 'errors of judgement', most of the FEINGOLD kids are doing a great job.

13
Watch out for tiredness, thirst and hunger, they can result in irritability, aggression and un-cooperative behaviour. Over stimulation from television, parties, computer games, overcrowded environments can aggravate excitable behaviour.

The above are suggestions to strive for. None of us can accomplish them all, all the time.

The Hyperactive Children's Support Group

Essential Nutrients for ADHD

Whilst all Vitamins, Minerals and Essential Fatty Acids are important for everyone, certain nutrients have been shown, in research, to benefit people with Hyperactivity and ADHD. These nutrients are as follows :-

The Omega 3 and 6 Essential Fatty Acids, found in Fish Oil, Evening Primrose Oil, Linseed Oil and Oily Fish like Mackerel, Salmon, Trout, Sardines. Also in Nuts and Seeds.

Research carried out by the HACSG in 1981 and a great deal of research since then, has found that the Omega 3 & 6 Essential Fatty Acids can greatly benefit Hyperactivity and ADHD. There are also certain co-factor Vitamins and Minerals that can enhance the Omega EFA's absorption. This was also part of the 1981 HACSG research. The Hair Mineral Tests very often show deficiencies of the important co-factor minerals.

ZINC is one of the co-factor Minerals, needed in trace amounts, but vital for Hyperactivity and ADHD. Zinc has many uses in the body and is linked to many signs and symptoms, (too many to list here), Research has shown that Hyperactivity/ ADHD often have lower levels of Zinc. Zinc can, amongst other things, reduce Hyperactivity, Impulsivity and Anxiety. It will be low in non meat eaters. Zinc is a water soluble trace mineral which the body cannot store.

MAGNESIUM is also frequently found to be deficient in Hyperactive and ADHD children. Deficiencies are linked to calmness, improved sleep, better behaviour and is an AntiStress mineral. It is essential for many health needs.

IRON - Deficiencies of Iron can affect behaviour and concentration and may contribute to ADHD. Hair testing is not very efficient for checking Iron and a blood test is required via a GP. Giving children Iron supplements before testing is not a good idea as too much Iron can be toxic. Iron absorption is enhanced with Vitamin C.

VITAMIN B COMPLEX - There are a number of B Vitamins included in the B Complex and whilst certain B Vitamins, like Vitamin B6, are sometimes used on their own, ideally a balance of all the B Vitamins is needed. The B Vitamins are needed for the Nervous System, Stress, Skin Problems, some types of anaemia and many other symptoms, are related to low levels of B Complex Vitamins. They are also water soluble and needed daily.

VITAMIN C has so many health benefits and is also a water soluble vitamin, needed daily. It is also important for the function of the Neurotransmitter Dopamine which is one of the vital Neurotransmitters, deficiencies of which contribute to ADHD. (ADHD medications work by increasing the Dopamine levels), but not everyone wants their child to have stimulant medications.

The HACSG' publication, 'ESSENTIAL FATTY ACIDS, VITAMINS AND MINERALS in the MANAGEMENT OF ADHD':



The Hyperactive Children's Support Group

HCSG Case Histories

of the Effects of Diet and EFA Supplementation



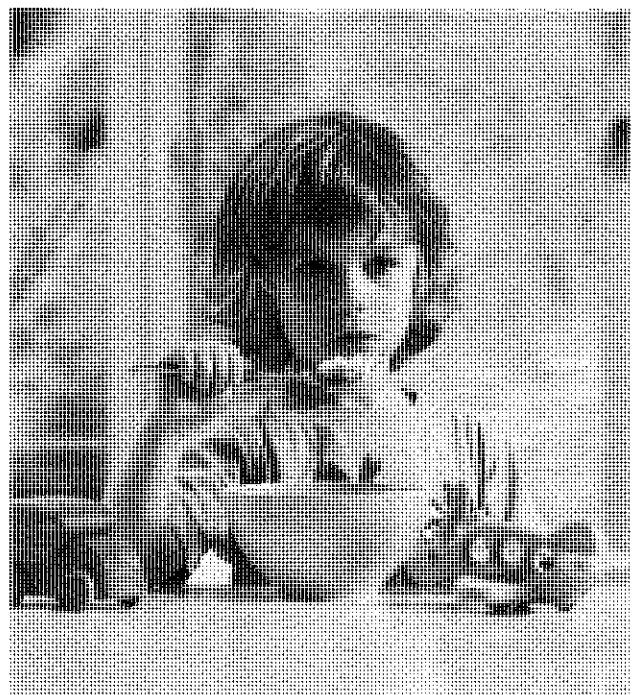
Girl aged 2 at first contact. Constantly unhappy, day and night. Specialised in emptying cupboards into the toilet. Always thirsty. Within 3 weeks of starting EFAs, less thirsty, contented to play properly with toys, calm sleep throughout the night. much happier and less disruptive, no need for sedatives. Now 4 years later a normal, healthy child whose mother says "I cannot thank HACSG enough".

Boy aged 10 at first contact. Very hyperactive even during pregnancy. Always thirsty, impulsive and clumsy. Disruptive at school and referred to psychologist. Very poor school performance: Excellent response to EFAs: happier all round, school work better, handwriting greatly improved. Mother writes "although you did not promise a miracle I think you have given us one."

Boy aged 10 at first contact. Impossible behaviour at home and school. Poor handwriting, memory and mathematical skills. Dramatic response to EFAs: more sensible, more relaxed, "vastly improved handwriting and astonishing improvement in mathematics" within one term moved from the bottom of the class to the top, recently qualified as a lawyer 13 years later.

Boy aged 4 at first contact. Dry skin, always thirsty, aggressive to other children and to mother, impossible to get to sleep at night, would not eat ordinary meals. Within 2 weeks of starting EFAs stopped being thirsty, sleep and eating patterns became normal, 'mother no longer used as a punch bag'.

Boy first contact aged 2. A good baby while breast fed but on weaning became violent and at 20 months expelled from a toddler's group: extremely thirsty, cried incessantly and deliberately broke anything within reach: no fear of anything, constantly running into the road, rejected all mothering and cuddling. "On a day when I would have gladly have given away my little son, I wrote to HACSG and poured out my heart. It changed my life". Within 3 weeks E was a different child. Now 6 he is a happy, well adjusted child, doing well at school, with a demonstrative affectionate nature. "I feel that his childhood was saved by HACSG and I cannot begin, adequately to express my gratitude".



Oh no! He's having a reaction!

WATCH THOSE PERFUMES, CHEMICALS AND ADDITIVES IN AND AROUND THE HOME IN NON-FOOD ITEMS!

- 45% of children in a HACSG survey had reactions to perfumes.
- 80% had a problem with colouring in medicines.
- 53% had problems with preservatives in medicines
- 58% of the children surveyed reacted to coloured toothpaste
- 41% reacted to coloured bubble-bath.

Prof. Neil Ward, Senior Lecturer in the Department of Chemistry at Surrey University, following research, found that a high proportion of Hyperactive Children reacted to perfumes. The American Feingold Association finds that 51% of their Hyperactive Children also have reactions to perfumes.

PERFUMES

In air-fresheners, pot-pourri, soaps, carpet cleaners, baby products, toilet and floor cleaners, fabric conditioners, deodorant sprays, hair sprays, shampoos, bubble-bath, after shave and hair gel.

CHEMICALS

Play-doh, felt tip pens, blackboard markers, gas, petrol, formaldehyde in new carpets and fabrics. (Wash all new clothes and bedding before use). Furniture polish, house paints, insect repellents (avoid!), cigarette smoke, swimming pool chemicals, spray weed killers used around schools, parks and verges. Art and craft materials, paintbrush cleaners, the detergent aisle in the supermarket, fluoride in water or toothpaste. Some children are intolerant of fluoride.

FOOD ITEMS

- Has there been an overload of salicylates items, or sugar?
- Is there a reaction to a food normally considered okay?
- Check back through the diet in case something has crept in unnoticed.
- Have you tried to introduce too many salicylates too fast?

Are there any food swaps going on at school?

NON-FOOD ITEMS

Coloured vitamins and medicines.
Flavoured and artificially sweetened vitamins and medicines

Mouthwash, at home and at the dental surgery.

Disclosing tablets.

Coloured bubble-bath.

Coloured toothpaste.

If mint is a problem, mint flavoured toothpaste may be a problem.

Coloured play-doh, face paints, pretend tattoos.

Increasingly there are alternative products available; look for clear, unscented items and use fewer products around the home



The Hyperactive Children's Support Group

The Hyperactive Child Check List

Hyperactivity (Attention Deficit Disorder/ Hyperkinesis) presents very difficult problems of diagnosis, assessment and treatment. With new research being undertaken in several countries we hope and trust that these will soon be overcome and help made available more easily. The information we have given in the preceding pages is based on our experience with H.A. children over a number of years. We have tried to show as clearly as possible ways to alleviate the problems. In order to avoid confusion we recommend that you follow one suggestion at a time.

1. AS A BEGINNING give the Feingold diet a fair trial. Children under 6 years of age usually respond fairly quickly; older children may need some months on the diet before you can expect to see a good response. The 'additive free' diet also excludes a number of foods which contain large amounts of sugar and as research has shown, sugar can contribute to both physical and behavioural problems, you will be making an excellent start with this diet.

2. FOOD INTOLERANCE - Some children may be 'intolerant' or 'sensitive' to some foods or chemicals; the most likely foods are cow's milk (and cow's milk products), wheat, eggs, oranges, corn, chocolate and fish. Often the food causing the problem is a particular favourite with the child and is eaten every day (he or she may drink a lot of milk for instance). It is advisable to have some professional help when using restrictive diets for children, i.e., cutting out cow's milk completely, and your local hospital Community Dietitian could, if necessary, advise you on elimination diets. A diet/behaviour diary properly done can be helpful in tracking down allergies or intolerance.

3. TOXINS-LEAD If you live near - or your child's school is very close to - a busy main road or motorway, or your house contains old lead piping, it is worth having a hair analysis done on your child. We understand grants are available to replace old lead piping in houses. Contact your local authority about this.

4. If your child is constantly "THIRSTY" and/ or suffers from eczema, asthma, allergies, persistent infections, e.g. colds, coughs, ear and tummy infections, this may indicate a lack of Essential Fatty Acids in the body and/or Food Allergy and intolerances.

ABNORMAL THIRST can be a sign of early diabetes and it would be wise to have this checked with your doctor. A simple urine test is available.

5. ANTIBIOTICS. A number of antibiotics may have been given over a few years for various infections (chest, ear, nose, throat, etc.). Antibiotics can have a serious effect on the gut flora - and can lead to mal-absorption of nutrients. For information regarding this problem, see page 18

6. POOR APPETITE will respond to zinc supplementation - but also needs other vitamins/ minerals. For babies over 10lbs there are zinc drops which may be helpful. Email hacsg@hacsg.org.uk for details.

8. POOR READING AND WRITING

This may be due to poor visual co-ordination. Ordinary eye tests are not sufficient for this, and you should seek specialist help from an OPTOMETRIST or OPHTHALMOLOGIST who can test for focus and other important measurements. (Ask an optician).

9. In order to help your child, it is important that all likely pollutants: chemical additives, possibly tap water and other chemicals are removed. Enhance his/her nutrition with supplements in order to build up general constitution and the immune system.

• TAP WATER FOR SOME CHILDREN

TAP WATER has caused some reactions, environmental POLLUTION in the form of LEAD, ALUMINIUM, CHLORINE, NITRATES, FLUORIDE AND PESTICIDE RESIDUES HAVE BEEN FOUND TO CAUSE HEALTH AND BEHAVIOURAL PROBLEMS.

As hyperactive children often suffer from extreme thirst, they may drink far larger quantities of tap water than other children, including dilution of fruit juices etc. Babies and infants whose formula feeds are made up with tap water may be taking in far greater amounts of pollutants in relation to their body size and weight.

• WHAT YOU CAN DO REGARDING WATER

Consider using a water filter, either jug filters or mains filter. A trial of a low sodium bottled spring water is worth considering. Never use hot water from the tap for cooking, drinking OR in kettles.

If you suspect that tap water is a problem (soft water areas are most vulnerable) it is possible to ask your local water company to come and take a sample for testing. First thing in the morning is a good time for this.

If your child goes swimming in the local baths the chlorine may affect him or her. A homoeopathic remedy can be used - called CHLORUM 6c tablets. Your local chemist may stock them, or Nelson & Co Ltd./ Ainsworth's Homoeopathic Pharmacy.

• BIRTH DIFFICULTIES

Research by an American Paediatrician who has studied hyperactive children in some depth, says that many suffered premature birth, respiratory distress or had the umbilical cord wound round their neck. The trauma was not enough to affect their intellect, but certainly enough to interfere with their learning capabilities.

Some hyperactive children suffer from Neurodevelopmental Delay (a failure to crawl correctly will affect important reflexes).

There are other avenues of research and therapy being carried out around the world and in the UK. Some doctors and researchers feel medication is an option which cannot be overlooked. The HACSG, along with its Medical and Scientific Advisors, believes medication is a last resort, not the first choice for Hyperactive/ADHD youngsters.

HACSG RESEARCH INTO DIGESTIVE SYSTEMS 1991/1992

This study showed that a high percentage of the hyperactive children tested had problems with their DIGESTIVE SYSTEM. These had affected their metabolism and the absorption of nutrients, and had severely influenced their behaviour, learning and well being. Publication is in press.

HACSG RESEARCH 1991/1992

HACSG now has a WORLD FIRST DATA BASE at the University of Surrey, taken from 700+ questionnaires (193 questions each) covering every aspect of the hyperactive child, including medical history, etc.

This gives a tremendous amount of resource material for further research studies. Publication 1997/98

Thyroid Function and the link with ADHD is worthy of further investigation. - Research details are available from HACSG

A PLEA FOR ALLERGIC INTROVERTS

These are truly overlooked children. They don't cause the riot and pandemonium of their Hyperactive counterparts, and therefore nobody takes much notice of them.

It is important for members to know that children can 'go either way' from food and chemical allergies and there are an equal number whose lives are also passing them by, unfulfilled because they are perpetually tired, weary, lethargic or anxious, continually sucking their fingers, fingering blankets or cuddles, lacklustre and unresponsive, afraid to go to playgroup, school, parties or other children's homes.

In our experience, hyperactive children very often have a sad, 'allergically' introverted brother or sister at home.



The Hyperactive Children's Support Group

The Hyperactive Useful Information

1. Dietary Infringements

Bi-carbonate of soda (quarter to half teaspoon) in a small glass of water or milk can be given for severe reactions to food or drink. As this is rather bitter children may not like it. NOT FOR DAILY USE.

Homoeopathic Remedy

Nux Vomica may be used. The amounts to be given (they are very small tablets) are 3-4 tablets per day, to be sucked in the mouth.

This amount may be taken for 3-4 days, and gently tailed off. Nux Vomica must not be taken continuously - only for short periods as necessary. Some local chemists and health stores stock homoeopathic remedies or contact A. Nelson and Co, or Ainsworths.

Homoeopathic treatment has been found to be very helpful for hyperactive and allergic children. Please write to the British Homoeopathic Association for your nearest qualified Homoeopathic practitioner.

2. A number of parents have reported to us that their child has improved after taking supplements of Vitamin B complex (yeast free), and Vitamin C/Zinc/Magnesium daily. Please make sure that these are additive free, and check doses.

3. **Corn.** Quite a few adults and children seem sensitive to corn/maize (sweetcorn) and as corn and its derivatives are used in a number of items as well as food, you may need to be watchful.

Cornflour, dextrose, malto-dextrin, some ice creams, stamp glue, cereals made from corn (cornflakes etc.), corn oil. Watch labels for this, as we cannot possibly give a full list.

4. V.D.U. SCREENS, COMPUTERS.

Several parents have noted that after a time spent using computers, their children have displayed behaviour problems, more aggression etc. Some have also complained of itchy eyes, photophobia (not liking strong lights). Use of a 'screen' and cutting down time allowed may help.

• WASHING UP LIQUID.

Please be sure to rinse off ALL washing-up liquid from crockery and utensils - this is important. There is some new evidence that residue of washing - up liquid may cause intestinal problems. Look out for colour / perfume free products in Boots, health shops and some supermarkets.

FINANCIAL HELP

Disability Living Allowance (DLA)
for children under 16 years of age
www.gov.uk/disability-living-allowance-children
Helpline 0800 121 4600

PIP Personal Independence Payment
for 16 yrs +
www.gov.uk/pip
Helpline 0800 917 2222

Turn2US

is a charity that can help when there are financial needs: www.turn2uk.org.uk

FAMILY FUND

Might be able to offer practical help for families with Special Needs/Disabled Children to find out more:
www.familyfund.org.uk
01904 550055

Better Children

Comments from our "Follow-up Reports" which parents return after having had a child on the Feingold programme for 3 months or so.

It's like living with a different child, one I always thought was 'in there', but trapped by his excruciating behaviour! He can now concentrate, tie laces, dress himself, does not scream anymore, can participate in sports. (He was extremely disruptive at school and very destructive at home). *Aged 8 years.*

I am extremely happy with R now. I don't know how I got through the first year with him, it was like a nightmare. Thank you. *Aged 2 years.*

M seems to have undergone a complete change (noticeable after 1-2 months of diet). She is very careful what she eats because reactions have caused her some distress. We are all much happier. *Aged 5 years.*

Response to the diet is very good. Appetite, sleep co-ordination good, co-operation good. Less aggressive and disruptive. More affectionate and calmer. Grown taller and slimmed down! *Boy aged 9 years.*

What a relief from day to day hassle. At last a full night's sleep. T is a different child in more ways than one. I am also fully weaned off tranquillisers thanks to the Feingold diet. *Mother.*

Have found L greatly improved. Sometimes has bad days but generally is a much happier, calmer and better behaved child and is definitely less aggressive and has less temper tantrums.

Thank you so much. Our life is a life now instead of a living hell. No one can understand unless they have been there!

Lapses in diet result in such drastic relapses in behaviour that sceptical relatives and friends have become convinced. Have successfully recommended diet to other parents.

I feel this diet has significantly helped our child. Generally S is a much nicer happier child and has a lovely nature.

Everyone we know, and school, say how much better T is. A changed child!

We are both pleased with H's improvement. Didn't realise colouring (food) could change a child so much.

Child has improved beyond recognition. This time last year we had an 'unteachable' daughter according to infant school and we were worried about how she would cope in the Juniors. But, since going on the diet she is managing just great

The Hyperactive Children's Support Group

The Aims and objectives of the group are to provide ideas and information for families and professionals seeking to help and support children and young people affected by ADHD, Hyperactivity.

Our main focus is on the importance of Diet and Nutrition.

Patrons:

The Pearly Guild

MEDICAL AND SCIENTIFIC ADVISORS TO THE GROUP

Professor Neil Ward, BSc, MSc (Hons), PhD.
Senior Lecturer in Analytical Chemistry

Dr Stephen Davies, MA, BM, BCh.
Nutritional Medicine

Dr Damian Downing, MBSS
Nutritional Medicine

Dr John McLaren Howard, Dsc, F.A.C.N
Clinical Biochemist

Professor Erik Millstone SPRU
University of Sussex



HYPERACTIVE CHILDREN' SUPPORT GROUP

For hyperactive, allergic and learning disabled children

The Hyperactive Children's Support Group