

Frequently Asked Questions

1. Who was Dr. Feingold?

Ben F. Feingold, M.D. was both a pediatrician and allergist. He was Chief of Pediatrics at Cedars of Lebanon Hospital in Los Angeles, CA, until 1951, when he became Chief of Allergy at Kaiser-Permanente Medical Center in San Francisco. He was considered a pioneer in the fields of allergy and immunology. He continued his work with children and adults with hyperactivity and allergy long after his retirement, until his death at the age of 82, in 1982.

2. What is the Feingold Association?

Founded in 1976, the Feingold Association is a 501(C)3 non-profit organization made up of parents, professionals and volunteers. It is dedicated to helping children and adults apply the scientifically proven dietary techniques of the Feingold Program for better behavior, learning and health.

3. What is the Feingold Program?

This dietary program was developed at the Kaiser-Permanente Medical Center in San Francisco. Called the "K-P Diet," it was an outgrowth of the earlier diet for urticaria (hives) developed by Dr. Stephen D. Lockey, Sr. of the Mayo Clinic. The media renamed it the "Feingold Diet." It is a simple approach that eliminates artificial food colors, artificial flavors, three preservatives, and certain salicylates as individually necessary.

4. How can the Feingold Program help me?

This is a good place to start. It can help you determine if certain foods or food additives contribute to symptoms. If they do, then the diet itself is also the treatment, adjusted to your individual needs. It can be part of a multi-modal treatment protocol, and is compatible with any other form of treatment.

5. How soon can I expect to see results?

It varies with the individual. If the Feingold Program is followed carefully, you should know within one to six weeks if food additives or salicylates are responsible for the symptoms. As a rule, young children respond the most quickly, sometimes within a few days. If ADHD medication is being used, a response may take longer. If other sensitivities or allergies are involved, they must also be addressed. The *Foodlist* can also be used with a gluten-free/casein-free diet, or with any allergy diet.

6. Is it hard?

Changing your eating behavior is never easy, but soon becomes a way of life. Many well-known products are free of problem additives, and you will be able to enjoy most of your favorite foods just by changing some of the brands. Avoiding salicylates is a little harder, but it is an important part of the Program. This is also the only way available to find out whether salicylate-sensitivity is a problem.

7. Why can't I just read labels?

Regulations governing the labeling requirements of both food and non-food items are inconsistent; therefore labels frequently have information that is incomplete or misleading.

Most people think that manufacturers list all the ingredients in a product, but it is not true. They do not have to list what has

already been added to the ingredients by others, and some products are not required to list ingredients at all. Ingredients such as "flavoring" do not indicate whether they are natural or artificial, or whether they may contain salicylate.



Clay Bennett, St. Petersburg Times
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8. How do I know which foods are O.K. to use?

As a member of the Feingold Association of the United States (FAUS), you will receive a book listing the thousands of acceptable brand-name products available in your region of the country.

FAUS began doing this work in 1976, producing a one-page *Foodlist & Shopping Guide*. Today, this unique book is over 150 pages long (*the Canadian Foodlist book is about 60 pages*) and is organized by category. You can easily take it to the supermarket. It is reprinted frequently and updated through the *Pure Facts* newsletter and e-mail alerts. For an item to be added to this list, the manufacturer must fill out and sign a detailed inquiry form verifying that the product is free of all the undesired additives – including additives in the ingredients they buy from others.

9. Will I have to cook from ‘scratch?’

Not unless you want to. The *Foodlist & Shopping Guide* includes a wide selection of prepared foods available in your supermarket. Our product inquiry is ongoing, so new products become available continuously. Moreover, due to consumer demand, manufacturers are responding by providing more products that meet our ingredient guidelines. At the supermarket, you simply choose products from the thousands of acceptable items in your *Foodlist*, including snacks, cakes, ice cream, candy, and prepared foods. Once you are home from the supermarket, you prepare food as you normally would.

10. But what about sugar?

Many people think that sugar causes behavior problems. If you suspect such a problem, it’s more likely that the additives are to blame. However, some people are sensitive to corn syrup (or the chemical residues in it), some are sensitive to beet sugar, and a few are unable to tolerate cane sugar.

While items containing corn syrup are marked with a (CS) in the *Foodlist*, sugar is not routinely eliminated on the Feingold Program.

1. Aoshima 1997, Bamforth 1993

2. Kroes 2000, 2002, 2004, 2005

11. Are all additives bad?

There are well over 12,000 food additives in our food supply today, nearly 2/3 of them flavorings, but few have been tested for their effect on the nervous system or the immune system. Furthermore, many of those tested and found to have unfavorable effects are still in use.¹

It is, therefore, not surprising that scientists working with the food industry² have convinced the FDA to use the De Minimis principle (“a little bit can’t hurt”) so that new flavoring chemicals do not need to be tested for side effects before being accepted for use.

As for fragrances – the FDA does not supervise or mandate research on them or control their labeling; they say it is because they do not have any budget for that. (*See more on page 8.*)

The additives we eliminate appear to be the worst offenders for the majority of children and adults with ADHD and related problems. If improvement is erratic or less than desired, our materials help you consider other additives, such as corn syrup, monosodium glutamate, sodium benzoate, sulfites, etc.

12. Will I have to take my child off behavior modifying medication?

You can begin the diet while your child is still on behavior modifying medication, though it may take longer for the child to respond. Members frequently report that after using diet and medication together for a while, their doctor is able to reduce or discontinue the medication. Other members report that, for their child, medication appears to be more effective when used with diet. For best results, we recommend making the effort to acquire all needed medication in a color-free form. If needed, we can help you find a compounding pharmacist who may be able to make the medication you need.

When removing a child from behavior modifying medication, the child’s symptoms may initially become worse. This is a medication “rebound” effect, and can last several days to several weeks. Do not stop your child’s medication without medical guidance.