



# Asthma

*By using the Feingold Foodlist and Program information, you will learn how to eliminate the bronchoconstricting food additives, salicylates, sulfites, and many of the environmental chemicals likely to cause problems. Our Product Information Center and our more than 30 years of experience will make this process much easier. If you are a health care provider, we can be a resource for your asthmatic patients. Patients with both ADHD and asthma will have a double benefit, as both symptoms may improve.*

**then ...** In the mid-twentieth century, asthma was less common, and was considered psychosomatic, caused by emotional conflict. Often, parents seeking help for their children's asthma problems found themselves blamed for it. Dr. M. Murray Peshkin,<sup>1</sup> medical director of the Children's Asthma Research Institute and Hospital in Denver from 1940 to 1959, coined the term "parentectomy," claiming that children developed asthma in response to an overbearing, rejecting mother. Seriously ill children sent to his clinic high in Colorado's clean mountain air did indeed improve quickly, often with no medication. Called "rapid responders," they lived there while their parents received psychotherapy back home. By 1958, however, the Institute's 98% of rapid responders dwindled down to 28%, and from there to zero.<sup>2</sup> Rather than looking to see what had changed in the Colorado environment (pollution? diet?) the experts decided the early "rapid responders" never really had asthma to begin with.<sup>3</sup>

**and now ...** Today, according to WebMD, 17.3 million Americans have asthma, making it the leading chronic disease in this country. Among potential triggers for asthma attacks, the American Academy of Pediatrics<sup>4,5</sup> and *Harrison's Principles of Internal Medicine*<sup>6</sup> acknowledge a variety of environmental allergens and irritants, including Tartrazine (Yellow #5) and other FD&C food colorings, as well as sulfiting agents such as potassium metabisulfite, potassium and sodium bisulfite, sodium sulfite, and sulfur dioxide. The Food and Drug Administration requires that Yellow

No. 5 be listed by name on ingredient labels, due, in part, to their recognition of the danger this dye can pose for asthmatics. And yet – even today – in spite of this knowledge, parents are rarely advised to avoid foods containing these additives, and even asthma medications frequently contain both colorings and sulfites.

In recent studies,<sup>7</sup> almost 2000 children were studied from before birth to 2 years and 5 years. It was shown that when vitamin E and zinc are low in a mother's diet during pregnancy, her children are more likely to suffer wheezing and asthma. What about the children of a woman with ADHD, eating food containing Yellow #5 & #6 (and losing zinc) during her pregnancy?

We may not have much control over some asthma triggers, such as the recent increase in small-particulate pollution in the outside air, but we can choose to filter our inside air. We can pay attention to those substances over which we do have control: food additives, scented toys, children's vitamins, toothpaste, classroom disinfectants, markers, and other controllable sources of environmental toxins.

Although brochures about asthma written by pharmaceutical companies do not provide information about the role of diet in asthma, you can find relevant studies on the Feingold web site and in this book on page 28.

1. **National Library of Science Breath of Life.** [www.nlm.nih.gov/hmd/breath/breath\\_exhibit/FourPersp/emotions/IVCs1.html](http://www.nlm.nih.gov/hmd/breath/breath_exhibit/FourPersp/emotions/IVCs1.html)
2. **Childhood Asthma:** Pathophysiology and Treatment by David G. Tinkelman, MD, publ.1993 by Marcel Dekker, pp.556-558
3. *Ibid.*
4. **AAP Policy Statement.** January 1997. [www.aap.org/policy/re9706.html](http://www.aap.org/policy/re9706.html)
5. **AAP: Inactive Ingredients in Pharmaceutical Products,** *Pediatrics*, Vol. 99 No. 2 February 1997, pp. 268-278  
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;99/2/268>
6. **Harrison's Principles of Internal Medicine,** 12<sup>th</sup> ed., McGraw- Hill, Inc., pp. 1048
7. **Litonjua 2006, Devereux 2006b**