

Hot Dog Disease: ADD

Inge's Comment: Because **Attention Deficit Disorder** affects so many of our precious children, and because this article explains a very plausible and relatively simple answer to this **NEW** disease of only a few decades, I am taking the liberty of sending it to everyone in my address book, even those who are not normally part of my group mailing. I have also included it as an attachment for those who wish to print it out.

The essence of this article is - **Excessive consumption of phosphates through a processed food diet severely affects the nervous system, and can affect/cause the behavioral and learning problems of ADD and ADHD.**

In the interest of circulating this information to everyone who deals with ADD and ADHD children, I am asking you to help me by getting it to your friends, your school teachers and principals, your public health authorities and nurses, your doctor, and your politicians - on all levels. They are the ones who make policy, and insightful information will lead to better decisions. They must be convinced that there are better solutions than having half the population of boys on Ritalin (which I consider a criminal assault on our children. We must make sure that our children do not get hooked on any drugs, prescribed or otherwise.)

We must also put pressure on the processed food industry to cease using phosphate additives. Parent-consumer pressure translates into lost business for them, and they will listen if enough people let them know that we will refuse to buy their additive-laden products. Our children MUST remain our FIRST PRIORITY!

Thank you for your co-operation and assistance.

Inge Hanle

<http://campaignfortruth.com/Eclub/010202/CFTarticle.htm>

MANAGING ATTENTION DEFICIT THE NATURAL WAY And Boosting Your Family's Health as an Added Bonus!

by Richard Jeffreys

It was when she read that mothers in California were calling their children's **ADD or ADHD the "hotdog disease"**, that the penny dropped for German researcher Hertha Hafer.

Hafer, a research pharmacist, and her chemist husband had adopted a boy, Michael, who turned out to be severely affected by Attention Deficit Hyperactivity Disorder (ADHD).

In the first months he was with them there were no particular problems but his primary school years developed into a disaster. Most of the many and varied **symptoms and problems which characterise ADD/ADHD surfaced: inattention, restlessness, impulsiveness, defiance, destructiveness, slowness to start tasks and inability to complete them, messy handwriting,**

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untidiness and disorganisation, poor fine motor skills, indifference, aggressiveness, constant talking, dishonesty - the list went on ...

Hafer had earlier raised a daughter on her own during the difficult years of the Second World War, after the death of her first husband on the Russian front. The upbringing of her daughter had caused no problems at all and she considered herself to be a good mother.

She therefore could not understand it when Michael began to have so many problems. She was frustrated and hurt to find teachers blaming her and her husband for the child's behaviour. "You, you're just naughty!" one primary teacher said to Michael in front of his mother and the word "spoilt" was used many times. These were the years when ADD was commonly believed to be the result of poor parenting.

Hafer and her husband were soon at their wits' end. There were many visits to doctors and psychologists. Various medications and treatments, including stimulant medications, were prescribed. Some made things worse; none provided a satisfactory answer.

Meantime, Hafer noticed to her surprise that under certain circumstances Michael's behaviour settled down quite suddenly and his ADHD symptoms vanished. He became for brief periods a perfectly unobtrusive, loving and lovable small boy.

This she noticed first on occasions when she and her husband argued or quarrelled at home, above all if they argued about Michael himself. On such occasions Michael could be a perfect child for as long as three days. (Those readers who have experience of ADD/ADHD will not be surprised to learn that there were such quarrels; having an ADD child can be enough to try a saint and can put stress on the best of relationships!)

The other occasion was when Michael was hit by a severe viral infection. For a week his temperature hovered around 40°C. As long as it remained high his behaviour was excellent; as soon as it dropped towards normal, the behaviour problems resurfaced.

Hafer was struck and very much intrigued by these events. Who then, she wondered, was the 'real' Michael? The little monster, who was driving his parents and his teachers to distraction? Or the normal, happy and well-adjusted small boy who bobbed to the surface occasionally and then disappeared again? Hafer had always in her heart believed - and now became convinced - that it was the latter who was the real Michael. Something in his environment was triggering Michael's difficult behaviour. But what could it be?

Hafer began to scour the literature for clues. She read everything she could lay her hands on - in German, in French and in English - about child behaviour problems and especially ADD/ADHD. The first breakthrough came when the work of US allergist Ben F Feingold came to her attention.

Feingold had discovered that there was a link between diet and ADD/ADHD. The removal from the diet of certain foods brought about a considerable improvement in the behaviour of many behaviour-disturbed children.

Having managed to obtain a copy of Feingold's book: "Why Your Child is Hyperactive" (published in New York in 1974), the Hafers put Michael onto the Feingold diet. Within a few days his behaviour began to improve but there were still lapses. They began to wonder just

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precisely what was the problem ingredient, or perhaps ingredients, in the foods that caused hyperactivity and other behaviour problems. Feingold suspected additives and food colourings but research based upon his diet had yielded very conflicting results, making the issue of the relationship between ADD/ADHD and diet a subject of much controversy. So much so that many 'experts' have declared diet to be a blind alley in the field of ADD research.

It was then that Hertha Hafer read about Californian mothers referring to their children's ADD as the "hotdog disease". She had for several years worked as a research pharmacist on studies related to food. She had particularly studied the biology of the human mouth. Because of what she already knew from her earlier studies of food ingredients, Hafer concluded that there was **only one ingredient in hotdogs that could be responsible for the problems. This was phosphate** (commonly listed on meat product labels as 'mineral salts').

Phosphate is a form of the element phosphorous. It is an essential nutrient that plays an important role in many functions of the human body, particularly at the cellular level. Phosphate molecules supply energy in the form of ADP/ATP, allowing cells to carry out their life processes. It appears to be particularly important to the cells of the central nervous system. Phosphates are naturally present in a very wide range of foods, so we all are able to obtain the phosphorous we need from our diets.

But phosphate is also a substance of great interest to the modern food processing industry. The excellent (from the point of view of manufacturers) properties of phosphate when used in buffer solutions, emulsifiers, stabilisers, thickeners, antioxidants, etc. have resulted in its being regarded as a versatile and highly effective additive. The meat industry uses phosphate - as mineral salts - in sausages and other smallgoods. Phosphate is also found in cheese spreads and is used as an emulsifier in commercial soups, sauces, creams and chocolates. It is used as a flour improver, a flow conditioner in bulk goods, an aerator and as a component of modified starch. In many breads it appears as lecithin. Cola-based drinks, other 'soft' drinks and fruit cordials have extraordinarily high levels of phosphoric acid.

Because of the widespread use of phosphate additives and the rapidly growing trend to processed, pre-prepared and convenience foods, people in the 'developed' world are now consuming up to three times the amount of phosphorous that would have been contained in the natural diet of generations ago. There is growing evidence that phosphate in food has increased 300% over the last thirty years in this group of countries.

Generally phosphate has been regarded as a harmless additive, probably because it is established that phosphorous is an essential nutrient, without which we could not function properly. Quite likely, the assumption has come to be that "you can't have too much of a good thing", an assumption which Hafer came increasingly to question. **She could find only one piece of research that had investigated the safety of phosphate as a food additive. In that study only two people had been used as subjects.**

Hafer next set about finding out which natural foods contain relatively high levels of phosphate and which processed foods contained phosphate additives. She put Michael onto a **low**

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phosphate diet. His behavioural problems progressively disappeared. The intelligent, personable Michael whom she had long believed lay behind the highly disturbed personality and the atrocious behaviour became reliably and consistently evident.

Hafer told other parents of problem children about her discovery. They tried her diet and it worked for them too. Convinced that she had made a major discovery, she published her findings in a slim volume in 1978. This was: "**Die heimliche Droge Nahrungsmittelphosphat: Ursache für Verhaltensstörungen, Schulversagen und Jugendkriminalität**" ["**The Hidden Drug Dietary Phosphate - Cause of Behaviour Disturbance, Learning Difficulties and Juvenile Delinquency**"]

This book has gone through six editions to date in German and has sold well over 70,000 copies, which makes it a remarkably successful book. It has gone through six editions, has been translated into French and into Italian but only recently into English.

Some years ago Australian mother of three, Jane Donlin, was struggling with the difficult behaviour of her hyperactive son, and searching for answers, just like Hafer had been years earlier. Jane had been raised in Germany. A German friend sent her a copy of Hafer's book. Jane started to read it and found herself unable to put it down.

Immediately she put her boy onto Hafer's low phosphate diet. His behaviour and well being improved. **For confirmation, after a few days she gave him a meal of processed meat, a can of cola and a chocolate dessert - all high phosphate foods - and within thirty minutes the ADD symptoms came flooding back.** Jane needed no further convincing. Since then the whole family has been on a low-phosphate diet and they have remained well. Her son's problems are largely a thing of the past. He left school at the end of Year 11 and is now training in hospitality.

To express her appreciation, Jane wrote to Hertha Hafer to thank her for her book and to tell her how much it had helped her son. She asked whether an English translation was available, because she wanted to share the information in the book with her friends who could not read German.

Hertha Hafer replied that there was no such translation yet available; however, she would welcome one. As Jane was fluent in both German and English and the book seemed to her so important, she decided to take on the challenge of translating Hafer's work. Thus it came about that: "The Hidden Drug - Dietary Phosphate: Cause of Behaviour Disturbance, Learning Difficulties and Juvenile Delinquency", appeared in print in June last. In partnership with Richard Jeffreys - who helped with the editing of the translation - an associated website was launched - www.phosadd.com - to promote Hafer's work and to publish other relevant information relating to her discovery.

This book is enormously important to families - and there is an ever increasing number of them - struggling with ADD/ADHD. It will be of particular interest to members and supporters of the Campaign for Truth in Medicine and to parents and carers who may not be at all happy at the prospect of having their children on amphetamine-based medications. These drugs do not cure ADD/ADHD - otherwise they would not need to be taken continuously. They do in many cases make a difference and suppress the behavioural symptoms but evidence suggests that they may not remedy the intellectual deficits and that there is a considerable number of children who do not derive any significant benefit from them. They have unwanted side effects in some cases and they may have to be taken life-long. With large quantities of these potentially dangerous

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medications washing around school playgrounds, there is plenty of potential for misuse and abuse, which is well documented in a number of jurisdictions.

A few other points are worth making about ADD/ADHD:

Unlike some diseases which were around as far back as the times of the Pharaohs, **ADD/ADHD is a modern, chronic condition. The spectacular rise in its incidence over the last three decades has proceeded in parallel with a major shift to supermarket, processed and pre-prepared foods, that has involved a very big increase in the consumption of phosphate - an additive in a high percentage of these foods. ADD/ADHD affects many more boys than girls.** Hafer offers an explanation. She claims that male hormones reinforce the harmful effects of excess phosphate in the diet; thus boys' behaviour often becomes worse around puberty. Female hormones have the opposite effect, so girls with ADD/ADHD often settle down around the time of puberty; these girls however - according to Hafer - are not out of danger; **they are at increased risk to osteoporosis, the silent epidemic.**

There is a genetic component in the ADD story. Many individuals seem to be able to consume excess dietary phosphate without risk. However, Hafer believes perhaps as many as fifty percent of children are affected by excess phosphate to some degree. Some are extremely sensitive; it is they who display the full range of symptoms and who tend to be diagnosed with ADD/ADHD. Others may be only slightly affected; among them probably are the many who are chatty and unfocused at school, who never seem to do as well as their parents and teachers believe them capable of doing.

ADD/ADHD continues to be unknown today in countries where people continue to consume a traditional diet of natural, unprocessed foods. This salient fact suggests strongly that there must be an environmental factor at work in the 'developed' countries; altered diet is an obvious place to seek such a factor.

Many ADD children are in fact highly intelligent and it is a tragedy when the natural talents of these children are undermined by a condition which makes them a pain to their teachers, their peers and themselves in the classroom, and which sabotages their learning.

ADD/ADHD children are also at increased risk to **other conditions that result from excessive phosphate intake.** These include: infant colic, sleep disturbances, eczema, allergies and asthma. **The recommended diet has often been found to be effective against these conditions also.**

One Australian medical practitioner who runs a clinic for heroin-addicted clients estimates that in sixty percent of the cases he deals with, **the underlying condition which led to and prevents successful resolution of the heroin addiction is ADD/ADHD.** Hafer claims there is a strong link between ADD/ADHD and substance abuse. The recommended diet may well therefore not only protect children against the ravages of ADD/ADHD, but also serve to shield them from the even more serious potential hazards of addiction.

Hafer's recommended diet is not an unduly strict one. A wide range of foods widely recognised as healthy - most fruits and vegetables for example - are on the 'approved' list. In the light of the foregoing, however, readers will not be surprised to learn that **many foods popular with today's children are high in phosphate additives.** They include: **milk and many dairy products; many sausage and processed meat products** (though fresh meat and fish present no problems);

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many commercial bakery products; many cool drinks and cordials. It is precisely because our children eat and drink so many of the wrong things that so many of them are so sick.

Children typically do not like to be barred from eating foods that are 'cool' and popular with their peers. The diet is most easily accepted when it is a fact of life from babyhood onwards. Hafer says parents will find, however, that children who come to discover for themselves how much better they feel on the diet, how much better they do at school and how easily they manage to stay out of trouble will come to accept the need for it. **One wise child commented: "If I have to be different from my friends, I'd rather be different in what I eat than in how I behave!"**

To avoid singling out a particular child, and designating him or her as in some way 'different', Hafer recommends that the whole family should adopt the diet. Since the susceptibility to phosphorous is genetic and runs in families, this often has spin-off advantages for it may well be that more than one family member is affected, though not always so obtrusively as to have been diagnosed. Hafer reports, for example, that it is not unusual for a rigid, domineering father to mellow when a family goes onto the diet.

There is interesting and compelling evidence that excessive intake of and exposure to phosphorous is implicated in other modern disease scourges; **Agent Orange** - widely regarded as having caused horrendous problems for Vietnam veterans - **was an organophosphate spray**. Nasties in the list include cancer, arthritis, asthma and allergic conditions, as well as osteoporosis.

By adopting the diet recommended by Hafer, a family may therefore not only help a child affected by ADD but also, at one and the same time, improve their general health and give themselves significant protection against a range of health conditions that are virtual epidemics in the 'developed' world at this time.]

"The Hidden Drug: Dietary Phosphate" by Hertha Hafer can be ordered online via the website www.phosadd.com. This website offers a considerable amount of further information about dietary phosphate. To contact the correspondent of this article, Richard Jeffreys, please use: faye@gateway.net.au