Learning Disabilities and Diet - An Important Link

By Melanie G. Snyder

****Editor's note:** *This article offers suggestions to help parents determine whether or not an allergy is present. All suggestions should be discussed with your family physician prior to use.*

Parents of children with learning disabilities are faced with a dizzying array of questions about what's best for their child, from medication to therapies to IEPs and more. Regardless of the nature of your child's learning and behavioral issues, Paula Bush, founder and president of Richmond, VA-based Parents of Allergic Children recommends examining your child's diet. "Research has shown powerful connections between brain function and diet," Bush says. "We really are what we eat." She cites dairy products, gluten, dyes (used in numerous foods and medications, including Ritalin) and certain fruits as common triggers for learning and behavioral problems in children with autism, ADD/ADHD and other learning issues. The issues may stem from either food allergies or food sensitivities.

Food Allergies vs Sensitivities

According to Anne Munoz-Furlong, founder and CEO of the Fairfax, VA-based national non-profit Food Allergy and Anaphylaxis Network, "Food allergies occur when your body mistakenly believes a food is harmful. Your immune system creates antibodies to the food and, the next time you eat it, your system releases massive amounts of chemicals, including histamine, to protect the body — causing respiratory problems, swelling, stomachache, diarrhea, hives, drop in blood pressure, or other symptoms." There is no cure for food allergies. Avoiding trigger foods is the only way to prevent allergic reactions.

Eight major food groups account for 90 percent of all food allergies: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, and soybeans. Fortunately, the Food Allergen Labeling and Consumer Protection Act (FALCPA), effective Jan 1, 2006, now requires food manufacturers to clearly indicate the presence of any of these items in clear language on package labels.

"There is a difference between food allergies and food sensitivities," says Dr. Jane Goldman, child development researcher at the University of Connecticut. "Your pediatrician may say your child isn't allergic — but other metabolic reactions that are not allergic reactions may affect your child's ability to concentrate and learn. Research is identifying how foods affect neurotransmitters in the brain."

Regardless of whether a child has a food allergy or a food sensitivity, it is possible that particular foods will interfere with or affect the child's learning and/or behavior.

What Parents Can Do

Pat Wyman, M.A., author of *Learning vs Testing* and founder of www.howtolearn.com, suggests generally avoiding foods containing sugar, artificial coloring and flavorings, additives and preservatives. She recommends reading food package labels carefully, looking for potentially problematic ingredients.

"If your child either craves or strongly resists eating certain foods, it may be a clue that your child may have a sensitivity or allergy to the food," Goldman advises.

Watch carefully for symptoms of food-related allergies - including swelling of lips and tongue, difficulty breathing, hives or heart palpitations. Also, look for changes in your child's behavior within 10 minutes to an hour after eating, including hyperactivity, irritability or inability to focus. Keep a food journal for your child, documenting everything he/she eats and drinks, along with behavior and physical symptoms that may be food-related.

If you suspect that particular foods cause problems for your child, Bush recommends the "Alka Seltzer test". Use only the form of Alka Seltzer packaged in gold foil, containing only sodium bicarbonate and potassium bicarbonate. Within 10 minutes to an hour after the child ingests the suspect food, as soon as you see their typical reaction starting,

give them the Alka Seltzer (prepared according to package directions). If the food is causing the child's behavior change, the Alka Seltzer will break the reaction and, within 20 minutes, you should see a positive change in your child's behavior.

A "mono diet" — where a single food is eaten for every meal for two days — can quickly provide insights into whether diet is causing problems for your child. The single food chosen should be a benign food like brown rice. Do not choose any food from among the common allergens. The mono diet establishes a "clean slate" in your child's body. Document your child's behavior during the two days of the mono diet, then add other foods, one at a time, and document your child's reactions as each new food is added.

The "Pulse Test" is another quick way to determine whether your child's body is working overtime to process certain foods. After determining your child's baseline pulse, you take your child's pulse again after he/she eats a suspected problem food. A pulse increase of 10 beats per minute or more may indicate sensitivity to the food. You can find specific instructions in *The Pulse Test*.

A more thorough approach is an "elimination diet", though this takes time (two weeks or more) and significant discipline, and should be done in consultation with your pediatrician. (*see below*)

For older children who may resist diet changes or who are "junk food junkies", Wyman has several tried and true strategies:

• Watch the movie *Super Size Me* with your child and discuss the health issues related to junk food.

• Contact your local fast food joint, and get permission from the manager to take your child there on a field trip to visit the kitchen. While there, have your child ask questions about how food is prepared, what ingredients are used and watch carefully what is done in the kitchen. Wyman's children observed french fries being dipped in sugar, among other eye-opening procedures, on one such trip.

• Look with your child at their favorite soda or junk food. Find the number of grams of sugar in the product. Have your child spoon an equivalent number of teaspoons of white sugar into a dish (4 grams of sugar = 1 level teaspoon) and ask, "Now how do you feel about putting this into your body?" Wyman says, "This makes the sugar content very real to a child."

Regardless of the strategies you choose, discuss your child's diet with your pediatrician, specialists and school personnel. Solicit their help in identifying and addressing possible food-related issues for your child. The old adage, "You are what you eat" contains a lot of truth. Simple changes in your child's diet can ensure your child is at his or her personal and unique best every day. ■

Melanie G. Snyder has written for over a dozen parenting magazines across the US and Canada, children's magazines Cricket, Calliope *and* Guideposts for Kids, *education publishers Harcourt, Scholastic, and SIRS and others. See her website at: www.MelanieGSnyder.com.*

Resources

Web sites

Elimination Diet info:
Ask Dr Sears
www.askdrsears.com/html/4/T01200.asp

WebMD
www.webmd.com/content/pages/10/1625_50525.htm

How To Learn
www.howtolearn.com

Links between diet and behavior (from the Feingold Association):
www.dietstudies.com/research.html

FALCPA legislation and food allergens information at:
www.cfsan.fda.gov/~dms/whalrgy.html

Organizations

Parents of Allergic Children
P.O. Box 180
Midlothian, VA 23113
Phone: (804) 739-1495
www.parentsofallergicchildren.org

Food Allergy and Anaphylaxis Network
11781 Lee Jackson Hwy., Ste 160
Fairfax, VA 22033-3309
Phone: 800-929-4040
www.foodallergy.org

Books

Is This Your Child's World?
by Doris J. Rapp, M.D., Bantam, 1997.

Learning vs Testing: Strategies That Bridge the Gap,
by Pat Wyman, M.A., Zephyr Press, 2005.

The Pulse Test: The Secret of Building Your Basic Health,
by Arthur F. Coca, M.D., Barricade Books, Inc., 1994.