ASPARTAME (NUTRASWEET®) ADDICTION

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SUMMARY

The habitual consumption of "diet" products containing the chemical aspartame not only risks aspartame disease but also clinical addiction. Thirty-three (5.6 percent) of 540 aspartame reactors in the author's recent series found it difficult or impossible to discontinue them because of severe withdrawal effects. They or their reporting relatives (especially parents of afflicted children) specifically used the terms "addict" and "addiction." Others who used comparable terms were excluded even though they experienced similar withdrawal symptoms. The FDA and members of Congress have been repeatedly urged by me and thousands of outraged aspartame reactors to declare aspartame products an "imminent public health hazard," and remove them from the market. The mounting evidence for their causation or aggravation of headache, seizures, depression, many neurologic disorders (most notably multiple sclerosis), visual difficulty, allergies, diabetic complications, and a host of other conditions — coupled with the potential for addiction — can be ignored no longer.

"The beginning of wisdom is to call things by the right names." Chinese Proverb

"I have but one lamp by which my feet are guided, and that is the lamp of experience." Patrick Henry (Speech to the Virginia Convention, 1775)

Over half the adult population currently consumes products containing aspartame (NutraSweet®, Equal®). A multibillion-dollar industry aggressively promotes thousands of items containing this chemical sweetener that consumers use in prodigious amounts to avoid sugar or lose weight... even though the latter intent often proves a delusion.

I have described many serious side effects and medical/public health hazards attributable to aspartame products(1-4). The neurologic, psychologic, eye, endocrine, metabolic and pediatric ravages in my data base of over 1,200 aspartame reactors, comprised of both patients and correspondents, are impressive. Additionally, it is my increasing conviction that aspartame products can cause, aggravate or accelerate migraine (5), seizures (6), multiple sclerosis (3), diabetes and its complications (7), Alzheimer’s disease (8,9), and even brain tumors (10). The clinical and scientific basis for these assertions have been detailed previously.
Unfortunately, another tragic problem has been neglected: addiction to aspartame products. Persons consuming large amounts not only may suffer aspartame disease, but also have difficulty stopping them because of violent and prolonged withdrawal reactions... the hallmark of addiction. Recovered alcoholic patients repeatedly stated that they felt worse after avoiding aspartame than alcohol, and asserted that they had traded one addiction for another. My experience, coupled with more than 10,000 consumers who volunteered their complaints to the Food and Drug Administration (FDA) and manufacturers, reflects the magnitude of this widespread unrecognized affliction.

In view of the controversial nature and implications of this subject, clarification of my status at the outset is relevant. I practised many years as a primary care internist and medical consultant prior to encountering aspartame disease. I continue to remain corporate neutral — that is, no grants, monies or other inducements were received from industry, government or other institutions.

DATA

This report focuses on 33 persons (5.6 percent) among the most recent 540 aspartame reactors in my series. The terms "addict" or "addiction" were specifically used either by patients or reporting relatives and friends — notwithstanding the absence of these words in my 9-page Aspartame Reaction Questionnaire Survey (3). Persons using other terms implying addiction (e.g., "severe craving") were excluded notwithstanding the suffering of withdrawal symptoms.

SUBJECTS

There were 22 females and 11 males. Most were between 25 and 50 at the time of consultation or correspondence. Four children — ages 2-1/2, 3, 6, and 9-1/2 — were included (see Discussion).

The amounts of aspartame products consumed daily ranged up to six liters or 12 cans of sodas, 20 or more tabletop packets, and considerable gum. A number of persons gave the history of ingesting considerable iced tea mixes containing aspartame, especially in hot weather, prior to the onset of clinical aspartame disease.

The manifestations of aspartame disease and the pathos of such addiction appear in the case summaries. The withdrawal symptoms (e.g., severe irritability, tension, depression, tremors, nausea, sweating) usually abated promptly on resuming aspartame, along with an intense craving for these products. One woman noted: "This was as bad as when I quit smoking 13 years ago." Examples of other pertinent clinical aspects are briefly cited.
• As with other addictions, denial and distortion were encountered. The mother of two young children stated: "I didn't want to believe aspartame was the cause of my problems. Even though anything with it made me crave carbohydrates, I dismissed this as my imagination."

• Several patients experienced severe withdrawal symptoms when they traveled abroad and were unable to purchase aspartame sodas. On the possibility these features represented caffeine withdrawal, they tried drinking more caffeine... but to no avail.

• Some developed severe reactions when they also drank alcohol. One stated: "My memory would just go completely."

REPRESENTATIVE HISTORIES

A. The anguished friend of an aspartame addict stated: "She could hardly walk. She could hardly see. She was already going to a neurologist because they thought she had multiple sclerosis. But she told me not to talk about it even though her physician already told her that aspartame was the problem, especially after he started researching its role in brain tumors — because two persons in her family died from brain tumors! When told aspartame would kill her, she said: 'I'm addicted to it and can't live without it. If they try to take it off the market, I'll get it on the black market!''"

B. The wife of an addicted aspartame reactor wrote: "I've told my husband over and over again, as have several physicians, that his problems would probably go away if he got off aspartame. But he says he is addicted and can't." Provoked by her continued purchase of aspartame sodas, the daughter-in-law asked whether she would hand him a gun if he said he wanted to commit suicide. She responded: "Please don't say anything else. It's hard enough to watch him lose his memory, fall, and hardly be able to walk. I just want to make him happy."

C. A mother stated: "My children are no longer allowed to drink diet sodas or anything else with aspartame in it. Unfortunately, I am addicted to it. I will try and wean myself—but boy, oh boy, it's not going to be easy!"

D. A previous alcoholic patient expressed concern that he had traded alcoholism for aspartame addiction. He observed in a letter: "There are MANY just like me. You will rarely see a recovered alcoholic without a drink in hand, day or night, whether it be coffee or soda... usually DIET. We can hardly keep sweeteners on hand at our meetings. MANY of us suffer from tremendous mood bouts. If aspartame has contributed to the difficulties I have had with depression and mood swings, I WANT TO KNOW!"

E. The wife of a man consuming up to six liters of diet cola daily concluded: "He is truly addicted and unable to help himself... When not drinking it, he is like a new person, or
at least the person I once knew. But when he then drinks it after abstaining for a week (as a result of incredible determination), I see depression, verbal aggression, a sense of hopelessness, inability to sleep, poor concentration, trouble with eyesight, chest problems, and weight gain."

F. A female correspondent with aspartame-related panic attacks and palpitations wrote: "I heard about this problem and will be taking the abstinence test. It will be hard because I am addicted to diet cola. Something has to be done! It seems to me that capitalism is getting in the way of our lives."

G. A woman with an "addiction to diet cola" refused to admit the "ridiculous amounts I have been using, even to my husband. I have the symptom of always being thirsty from aspartame. What do I do?"

H. A woman with aspartame disease was misdiagnosed as having multiple sclerosis. She stated: "I am convinced that aspartame was at the root of my problem. It is hard to convey just how much of this stuff I was using. I used at least one large box of aspartame a week... for myself! After my husband heard on a radio broadcast that it was bad, he told me not to use it, and refused to buy it for me any longer. I then literally bought it weekly, hid it in the kitchen, and used it when he was out of the room. And people still don't believe it is addictive???

I. An addicted young man with longstanding symptoms he ascribed to aspartame sodas wrote: "I drank a lot of pop with aspartame when I was a kid in the 1980s, and felt bad. After reading a page on the net about insomnia, being lightheaded, having ringing in the ears, and feeling unreal 'like I was on something,' I stopped. But it's hard to make yourself stop. It took about two months before I felt better. I think most people who drink diet pop get addicted to it... like me. At first you don't seem to like the taste; then you crave it."

J. A 28-year-old woman previously drank as much as two liters of an aspartame cola daily. She stated: "I was ‘addicted’ to it, and suffered terrible muscle spasms, vertigo, dizziness, nausea, depression, slurred speech, etc. I stumbled across an article about the dangers of aspartame, and was absolutely horrified. Within seven days after stopping, most of these symptoms disappeared. I have had no recurrences to date."

K. A hospital pharmacist with considerable knowledge about addictive substances and drug abuse wrote: "I have been a chronic user of diet drinks for years, and always joked that I was ‘addicted’ to aspartame. Recently, I decided to stop them, but I can't do it no matter how hard I try. When I'm not drinking these drinks, the people I work with and my family have all commented that I act as if I'm going through heroin withdrawal. I also experience many problems while drinking them, the most profound of which is joint pain" (see 11).
L. The mother of an aspartame addict gave a poignant follow-up of her daughter's case, which I described previously (1, p. 98), when her addiction recurred. She had been incapacitated with aspartame disease as a 23-year-old student. In her own words, "My epileptic-type seizures, and drastic personality and intellectual changes were so severe as to end my marriage, nearly ruin my academic standing, and caused me to lose my job." After stopping her excessive consumption of aspartame sodas, she evidenced clinical normalization, and then bought a beautiful home. The mother described her subsequent relapse.

"About eight months ago, unknown to me, she began drinking considerable diet soda. I learned a few days ago that she started drinking alcohol, plans to leave her fiancé, and bought a motorcycle — exactly as she had done 12 years previously when drinking diet soda. Her aspartame addiction makes her totally irrational. She crusaded against aspartame for 12 years, and is now drinking it. I don't know where to go for help, especially because most doctors I know think aspartame is just wonderful!"

M. A woman wrote: "I am probably one of the many ‘aspartame addicts’ you have come in contact with. I have had a terrible diet cola habit of drinking at least a 12-pack/day for many years. I would love to change because I believe my particular ailments could be related to aspartame. Where do I go from here? Please help!!"

N. The brother of a "recovered aspartame addict" related the details of his sibling's case to a neighbor who was beginning to drink excessive amounts of diet sodas. He stated: "I am hoping that he doesn't face severe withdrawal the way my brother did. After 5 or 6 bad bouts of withdrawal, he was finally able to kick the habit."

O. An aspartame reactor invited her neighbors to a block party aimed at urging them to avoid aspartame which would not be on the premises. A "very addicted" woman with severe dermatitis and fatigue had tried to do so previously at the urging of her daughter, but resumed diet cola in two weeks. She went to the block party with a can hidden under her jacket... but was promptly spotted. She confessed: "I'm sorry, I just can't break the addiction. I can't get off of it!"

P. A 36-year-old computer programmer experienced many symptoms attributable to aspartame disease after he began using "a line of products containing aspartame." He would ingest as much as three or four quarts of an instant iced tea in several flavors on weekend afternoons during the summer. Nearly one month of abstinence was required before his symptoms abated.

Q. A 47-year-old female sought consultation by the author for increasingly severe problems over the previous 1-1/2 years, during which time she consumed large amounts of aspartame. She began the day by drinking three cups of coffee to each of which an aspartame tabletop sweetener was added. She then ingested 10-12 glasses or cups of aspartame-sweetened beverages, and ate considerable amounts of aspartame puddings.
This patient gave a history of alcoholism and excessive amphetamine use decades earlier. (Amphetamines had been taken for extreme fatigue and weight reduction.) She joined Alcoholics Anonymous 20 years previously. She was now happily married, and had taken only a single social drink in five years.

Her main concern was increasing confusion and memory loss over the past year -- especially because she prided herself on a "photographic memory." During this time, she also suffered severe headaches ("never a problem before"), hearing difficulty ("as if my ears were covered"), "lightheadedness with staggering," vertigo on lying down ("the room was actually spinning"), attacks of severe nervousness and agitation, intense hunger, a craving for sugar and sweets, intense muscle cramps, pains in the legs and thighs, aching and stiffness of various joints, marked intolerance to cold, and elevation of her blood pressure (noted for the first time). Dryness of the eyes became so bothersome that she required one bottle of artificial tears a week.

Another distressing symptom was severe depression. The patient considered committing suicide on several occasions. She had the good fortune of belonging to a circle of caring friends who thwarted such an action.

The family history was also pertinent. Both parents had been alcoholics. Her mother was "a potential diabetic," and her nephew a juvenile diabetic.

After learning of the possible cause or aggravation of similar problems in other persons from aspartame, she promptly stopped all such products. She emphasized, however, that the ensuing "withdrawal symptoms" were far worse than those experienced after discontinuing alcohol or amphetamines. On a regimen of an appropriate diet, supportive measures and continued aspartame avoidance, her symptoms improved. She no longer needed the artificial tears. An entire subsequent visit was devoted to discussing her lifelong "fear of fat" that had initiated the use of aspartame products.

**DISCUSSION**

Addiction to aspartame products is as real as abuse of tobacco, alcohol and drugs. The foregoing experience of a single alerted physician attests to this clinical phenomenon. In effect, the United States has been the innocent victim of regulatory shortcomings related to the initial and continued approval of aspartame products.

To my knowledge, this is the first report that addresses aspartame addiction. I have challenged colleagues to cite comparable instances of gross denial in contemporary medicine concerning widely used drugs or chemicals classified "Generally Recognized As Safe" (GRAS). (Aspartame was developed initially as a drug to treat peptic ulcer.) Moreover, I have repeatedly asserted that aspartame should not have been approved for human use in view of the high incidence of brain and other tumors found in animal
studies, and the absence of long-term trials in humans using "real world" products exposed to prolonged storage and heat.

The plight of aspartame addicts has been compounded by (a) footdragging of the Food and Drug Administration (FDA) despite its own data base (12, 13), (b) the brainwashing of health professionals (especially doctors and dieticians) from constant reiteration by pro-industry advocates that aspartame disease does not exist, and (c) the refusal of some addictionologists even to consider this issue. The thousands of complaints volunteered to the FDA, along with my independent data on over 1,200 aspartame reactors, indicate the gravity of such disinformation.

Exclusion of Related Terminology

This report clearly underestimates the prevalence of aspartame addiction. I purposely excluded aspartame reactors who continued to consume large amounts despite debilitating symptoms because they used expressions other than "addict" and "addiction." Some examples:

- Many aspartame reactors described their "unnatural craving" for aspartame products. It was not limited to diet sodas — e.g., a woman with a severe "craving" for aspartame chewing gum, especially after meals. In fact, the habitual chewing of such gum poses a unique great threat (see below).

- "Recovered alcoholics," and former smokers and substance abusers tended to use considerable amounts of aspartame products. One chain smoker averred that he became a "chain drinker" of diet sodas in this switch of addictions.

- An aspartame reactor referred to herself as "a 10-year-plus aspartame junkie." Another stated she had been "a diet colaholic for 12 years."

- Three women indicated that each was "hooked" on diet sodas for over a decade.

This correspondence from a 29-year-old woman with severe aspartame disease, who was referred by her physician to confirm the diagnosis, bridges the terminology of "addiction" and "craving."

"As I do not use any sugar, I have used aspartame and saccharin. The disturbing phenomenon is that I now have intense and abnormal cravings for aspartame, and find myself using more and more of it... like an addictive cycle. Without it, food seems flat. I have tried eliminating it altogether, and find that this actually intensifies the cravings even a week later! I would like to know if you have ever heard of anything like this before, or have advice as to dealing with it. Besides the aspartame cravings, I have also continued to have inexplicable bouts of itchy skin, hives, and quite a bit of swelling in
the face and legs. The legs are often numb, and I am extremely fatigued most of the time."

The enormous consumption of aspartame products by these individuals also could be considered as part of their addiction.

• A 54-year-old woman was phoned by her daughter who had just learned about aspartame disease. "When I called her with the information, she had already taken 15 aspartame packets. Mother told me this was usual for her since the product came on the market."

• One "huge consumer of aspartame" conjectured that such sodas are ideal for addiction because "they first quench thirst, and then cause thirst." His side effects of dry mouth and dry eyes are experienced by many aspartame reactors (2-4, 14), even in the absence of marked sweating or hot weather.

The Female Preponderance

Female aspartame reactors consistently outnumbered men in prior analyses of both my data (2,3) and that of the FDA (12, 13). Some of the metabolic and endocrine factors that may contribute to this gender vulnerability have been discussed (2,3,8).

More women are trying to avoid aspartame during pregnancy on the advice of peers, chiefly out of concern for fetal harm (1-3). Obstetricians increasingly concur, albeit partly to avoid medicolegal situations predicated on the absence of informed consent. Unfortunately, some pregnant women in this series resumed aspartame products, notwithstanding their great misgivings, after experiencing severe withdrawal symptoms during attempted abstinence.

A 27-year-old woman with an "addiction" to aspartame products, especially a popular lemonade, suffered headache, irritability and dizziness. Attempting to become pregnant, she stated: "It will be the hardest to let go."

Children

The apparent addiction of four children was disconcerting. Their case histories warrant summary.

• A 9-1/2-year old boy exhibited "extreme hyperactivity." Every time he opened the refrigerator and found only regular cola sodas, he would exclaim: "I can't believe they didn't get even one diet cola!"

• A 2-1/2-year-old girl had been weaned off baby fruit juices and begun on aspartame drinks to prevent sugar-induced dental problems. She developed an extensive rash that subsided after stopping aspartame. Her
mother wrote: "For the first five days, she was like someone in withdrawal — aggressive and craving the substance."

- A 6-year-old girl was diagnosed by a pediatric neurologist as having attention deficit disorder and a "mild encephalopathy of unknown origin." Her mother drank an aspartame beverage during the pregnancy because of marked morning sickness and a severe yeast infection. She wrote: "Little did I realize what I was doing to myself, let alone my fetus who also developed the yeast infection. By the time she was three years old, we were both using sugar-free products — including yogurt, popsicles, gum, soda pop, candy, ice cream, pies, puddings and hot chocolate. (She also sneaked them in.) I developed a brain tumor (oligodendroglioma), and underwent surgery and radiation. Fortunately, my mom came across two articles on aspartame a year ago, after which we quit these products."

- A 3-year-old girl repeatedly developed a rash and behavior problems after taking aspartame products. Her mother stated: "For at least five days after stopping them, she craved the former drink, and was extremely hyperactive and aggressive."

**Comments on Addiction**

The continued heavy consumption of aspartame in these reactors qualifies as "substance abuse" relative to causing, aggravating or prolonging their physical, mental and behavioral disorders. As with other forms of chemical dependency, aspartame abusers are likely to deny or distort symptoms. The assertion that the addiction solely represents caffeinism is erroneous.

Health professionals and other groups recognize the numerous psychologic, sociologic, economic, medical and environmental complexities of substance abuse and addictive behavior. Unlike the well-known addiction to alcohol, tobacco and drugs, aspartame products continue to be marketed aggressively to uninformed consumers by a multibillion dollar industry. Most regard this "supplement" as safe because of its approval by the FDA. They include pregnant women, the fetus, young children, and patients with many diseases who are highly vulnerable to the ravages of this potent neurotoxin. Anthropologists could equate the matter with "our intoxicated destiny" (15).

In his classic description of "addictive eating and drinking," Randolph (16) also emphasized that small quantities of a specific excitant can perpetuate an addiction response owing to the extreme degrees of specific sensitivity commonly involved. He included various sugars, alcoholic beverages and monosodium glutamate (MSG).
As noted in the case summaries, aspartame addicts have pleaded for help because of their suffering. Some additional examples:

- A 39-year-old mother wrote: "How in the world do you get off aspartame? I've wanted to get off of the stuff for years."

- A 40-year-old receptionist had consumed 4-6 cans of a caffeine-free diet cola plus two large diet colas with caffeine daily since their introduction. Every time she tried to stop, she experienced "terrible" withdrawal anxiety — with associated exhaustion, dizziness, palpitations, and presumed hypoglycemia attacks. She summarized her dilemma: "I just can't seem to get off the treadmill!"

The outrage of these aspartame victims has been intense (3,4). Indeed, it generated several groups of consumer activists.

- A 28-year-old mother concisely expressed her anger: "In a sentence, I could say that aspartame effectively ruined my physical and emotional health for the better part of ten years."

- A 28-year-old Australian woman "addicted" to diet cola wrote: "It is an absolute crime that this substance has been offered to an unsuspecting and ill-informed public. It must be stopped!"

- A male aspartame reactor reflected: "I guess it IS going to take a bloody epidemic of blindness, diabetes and multiple sclerosis to get this poison off the market."

- A 43-year-old woman with multiple aspartame reactions — notably joint pain, loss of hair, severe fatigue, aggravated hypoglycemia, allergies, and mouth lesions — expressed extreme concern "about this unnerving ‘addiction’ to aspartame."

Each of the three components of aspartame -- phenylalanine (50%), aspartic acid (40%), and the methyl ester (10%) that promptly becomes free methyl alcohol (methanol) after ingestion — and their multiple breakdown products following exposure to heat or during storage are potentially neurotoxic and addictive (1 - 4). (They also have been invoked relative to the allergenicity and carcinogenicity of aspartame and its metabolites.) Some of the mechanisms may involve dopamine, cerebral cholecystokinin (CCK), serotonin, endorphins, other important neurotransmitters, insulin, and the unique permeability of the blood-brain barrier to phenylalanine.
The transformation of phenylalanine to dopamine and dopamine metabolites assumes relevance in addictive states. Addictive drugs flood synapses with dopamine, which carries a "pleasure message" from one nerve cell to another in the "reward pathway"... thereby creating a "high." For instance, cocaine blocks the reuptake of dopamine, thereby acting as an indirect dopamine agonist. Such repeated rushes can result in desensitization of the brain to dopamine.

- During et al (17) demonstrated that changes in brain phenylalanine may selectively affect production of the dopamine molecule that becomes preferentially released into synapses.

- Myers and Melchior (18) found that a dopamine-dopaldehyde condensation product (tetrahydropapaveroline) caused rats to drink increasingly large amounts of alcohol solutions which they normally reject.

- Researchers have advanced the concepts that increased dopamine influences the addiction effects of cocaine; and that dopamine-receptor agonists themselves might be addictive in cocaine users (19).

The habitual chewing of aspartame gum poses a unique threat, as evidenced by the dramatic development of generalized symptoms in some aspartame reactors. Its flavor and sweetness can last 30 minutes, compared to about five minutes for sugar-sweetened gum. The chemical may be absorbed through the mucosa of the mouth (as used therapeutically with nitroglycerin), and via simple diffusion from the oropharynx directly into the brain. The latter phenomenon has been demonstrated with small molecules such as glucose, sodium chloride and ethyl alcohol (20).

**The Methanol Issue**

The chronic intake of free methanol in significant amounts is highly germane to aspartame disease and addiction, particularly for alcoholics. Six years before FDA approval of aspartame, Dr. Herbert S. Posner (21) of the National Institute of Environmental Health Sciences wrote a review titled, "Biohazards of Methanol in Proposed New Uses." He stressed the failure to recognize the "delayed and irreversible effects on the nervous system" of methanol... at widely varying levels of exposure and at rather low levels." Furthermore, he suggested "...when a safer compound is available, methanol should not be utilized."

The daily intake of methyl alcohol from natural sources averages less than 10 mg (22). Aspartame beverages contain 55 mg methanol per liter, and nearly double as much in some carbonated orange sodas. Persons
ingesting five liters a day can therefore consume over 400 mg methanol. These facts are pertinent:

- Methyl alcohol is probably the first component of aspartame released within the small intestine, and rapidly absorbed. Blood and methanol concentrations correlate with aspartame intake. "Abuse doses" (100 mg/kg or more) ingested by normal subjects significantly elevate blood methanol concentrations, remaining detectable for eight or more hours (23).

- Humans are more vulnerable to the toxic effects of methanol than animals because several enzymes required for its metabolism have been lost during evolution.

- The toxicity of methanol is enhanced by its slow rate of oxidation — only one-seventh that of ethyl alcohol — occurring chiefly in the liver and kidneys. Even though the half life in human volunteers ingesting small amounts (1-5 ml) is about three hours, complete oxidation to carbon dioxide usually requires several days.

- The body attempts to detoxify methyl alcohol by oxidizing it to formaldehyde (a deadly neurotoxin and Class A carcinogen), and then to formate or formic acid within minutes. Formate and formaldehyde each may contribute to toxicity and nervous system/immune dysfunction through various mechanisms. One is the conjugation of formaldehyde with human serum albumin (F-HSA) to form a new antigenic determinant. Patients with multiple health complaints who had been exposed chronically to formaldehyde develop anti F-HSA antibodies and elevated Tal cells (antigen memory cells), consistent with sustained antigenic stimulation of the immune system (24).

- Concerning the methyl alcohol component of aspartame, Hugh C. Cannon, Associate Commissioner for Legislative Affairs of the FDA, wrote in a letter dated September 8, 1986: "The Agency has recently become aware, however, of clinical data that indicate that the toxic effects of methanol are due to formate accumulation and not to formaldehyde or methanol itself. Formate is the oxidation product of formaldehyde which is itself formed from the metabolism of methanol."

The eye manifestations experienced by one-fourth of aspartame reactors (1 - 4) are probably at least partly due to methanol and its breakdown products. It is of interest that several persons had severe visual deterioration diagnosed as toxic amblyopia (including transient blindness diagnosed as optic neuritis) on different occasions following the excessive intake of either aspartame or alcohol.
Responsibility of the Health Professions

The medical profession must pursue this concern in conjunction with consumer advocates, elected officials and regulatory agencies. Such a commitment also extends to challenging the safety of proposed sweeteners being developed by food technologists, some up to 10,000 times sweeter than sucrose. My objection to the petition for approval of Neotame (25) provides a case in point.

Health professionals must protest the unbridled consumption of "diet" sodas and other aspartame products by children. The potential consequences include interference with brain development, abnormal behavior, cognitive problems, depression, seizures, headache, allergic disorders (asthma; severe eruptions), gastrointestinal complaints, anorexia with marked weight loss, and cross-sensitization to other chemicals such as monosodium glutamate (26). The use of aspartame-sweetened foods and beverages by young children, especially those with a morbid obsession about weight gain and obesity, incurs another risk: a life-long preference for sugars and sweets.

• A number of concerned teacher-correspondents attributed the increased frequency of attention deficit disorders and decline in school grades to the consumption of aspartame products. In my opinion, several prior industry-sponsored studies that concluded neither sugar (sucrose) nor aspartame affect children's behavior and cognitive performance (27) are misleading because of the nature of their protocols.

• Neuropsychiatric reactions to aspartame candy and gum in children occurred within a unique social context: their consumption of Halloween gifts from thoughtful neighbors concerned about giving them conventional candy. The most frequent were headache, vomiting and tremors.

• Most physicians do not realize the aspartame content of many over-the-counter and prescription drugs and vitamin products intended for use by young children. They include tasty suspensions, and chewable tablets of antibiotics or analgesics.

ALL pregnant women and nursing mothers should avoid aspartame products (28). In addition to risking addiction, the reasons include:

• Exposure of the fetus to considerable phenylalanine, aspartic acid, and free methyl alcohol

• Maternal malnutrition associated with nausea, vomiting, diarrhea and reduced caloric intake
• The transmission of aspartame and its components via the mother's milk

• Increasing the "allergic load"... thereby risking future hypersensitivity diseases

The FDA and elected officials have been warned repeatedly about the potentially disastrous effects of aspartame consumption by pregnant women and young children... but to little avail. Indeed, the FDA disregards its own data (12, 13). Alfred North Whitehead aptly asserted: "Where attainable knowledge could have changed the issue, ignorance has the guilt of vice."

REFERENCES


The Rx Free Kids Foundation’s mission is to identify and target the causes of chronic conditions rather than treating the symptoms. Our approach was to look within the cell, as healthy cells build healthy tissues, healthy tissues form healthy organs, healthy organs make up healthy organ systems, and healthy organ systems yield a healthy organism; thus our slogan, “Healthy Cells = a Healthy Body”. The initial focus was to identify substances that affected cellular function, and it was found that environmental pollutants, neurotoxic heavy metals, nutritional deficiencies, and most surprisingly, seven common everyday “foods” that produced similar symptoms in many people. Eliminate the causes. No more symptoms = no more drugs!

Many people diagnosed are now completely symptom free after following RxFreeKids four-step twelve-week program, solely, or as an integrative component to traditional therapies. It is important to work with your doctor, as cells are now beginning to properly communicate and function. Medications will need to be reduced or even eliminated.

What is equally exciting is that children with genetic disorders such as Cerebral Palsy, Cystic Fibrosis, Down Syndrome, Fetal Alcohol Syndrome…, previously thought permanent, are also responding to our protocols.

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