



H.E.F. CANADA QUARTERLY

The Human Ecology Foundation of Canada

WINTER 1982

Contents

Notes From the Editor	1
Report From Banff - Dr. John K. Blair	2
Is There Life After Ecological Illness - Brenda Koski	5
Impressions: "The Dangerous Cliff", Author Unknown	6
Pediatric Clinical Ecology - Dr. Donald Bastedo	7
Indirect Effects of Disabilities Caused By Food and Chemical Susceptibility - Dan O'Bannion	9
Learning & Behaviour Problems in the Schools: The Relationship to Allergy - Shirley Smith	10
Books and Articles Relating to Learning Disabilities and Hyperactivity - Compiled by G. Joy Underwood	16
Resources Questionnaire Replies - G. Joy Underwood	17
Resource Material from Dickey Enterprises	20
Advertising	22
Publications Order Form	23

The H.E.F. Canada Quarterly

The H.E.F. Canada Quarterly is a publication of The Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. The Quarterly is for people who are interested in health and its relation to our environment. ~~It deals primarily with research in the field of clinical ecology,~~ and also describes how people have improved their health by changes in habits, diet and environment. As such, it does not offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

The Human Ecology Foundation of Canada

One of the purposes of the Human Ecology Foundation is to promote the ~~free exchange of information on the prevention and treatment of~~ ecological illness. People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its Branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

Subscription and Membership

Membership in the Foundation includes a subscription to The H.E.F. Quarterly, which is produced four times per year. Annual membership and subscription fee \$15.00.

Advertising Policy

Advertisements are for support of the magazine only and do not in any way imply that the Human Ecology Foundation endorses any particular products or services mentioned therein. Readers with multiple sensitivities are advised to assess products carefully for personal compatibility, since individual sensitivities vary widely.

Notes from the Editor

Distribution of this Issue

I would like to thank Darlene Koski, President, Toronto H.E.F., for her assistance in getting out this issue of the Quarterly. Darlene has assumed the responsibility for getting the master copy to the printer and for getting the requisite number of Quarterlies to the branch presidents. Actual distribution of the Quarterly to the membership is being handled by each branch.

The Theme

My article on "Learning and Behaviour Problems in the Schools: The Relationship to Allergy", is primarily based on interviews with Dr. Alan Goebel, behavioural psychologist who has an extensive background in biochemistry and with Mr. Don Cave, a school behavioural psychologist. Both men are parents of an allergic child and each has allergies himself. Both men are willing to serve as unofficial consultants to the H.E.F. Quarterly. If you have questions, please write to me at the head office address. We are hoping to inaugurate a "Notes and Queries" section. The educational system may seem like a labyrinth to many of us. Perhaps by sharing our concerns and our success stories we can help make "school" an easier experience for our allergic children.

Shirley M. Smith

QUARTERLY STAFF

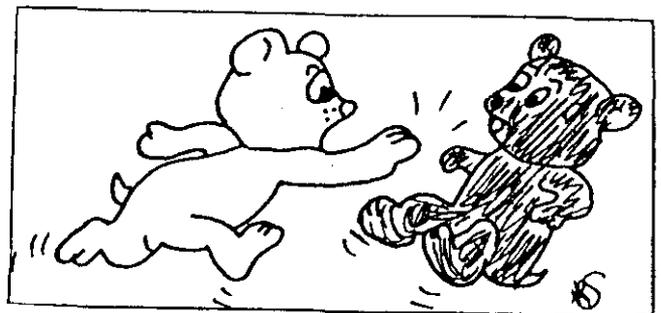
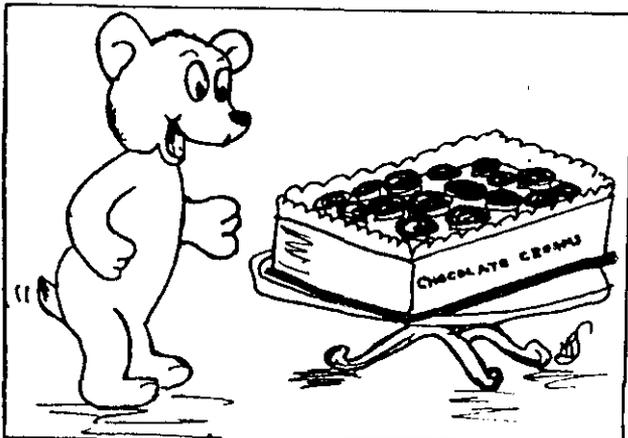
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REPORT FROM BANFF

Dr. John K. Blair

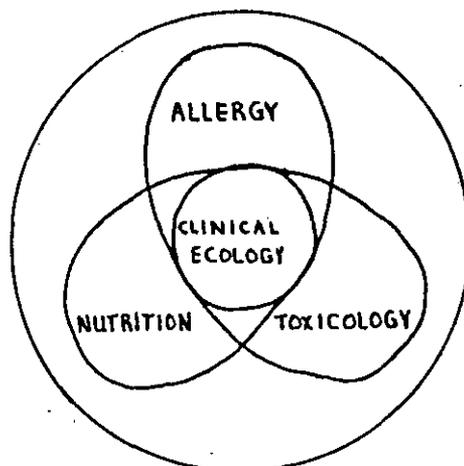
The 16th "Advanced Seminar in Clinical Ecology" was held at the Banff Springs Hotel, Banff, Alberta, October 3-8, 1982.

Dr. and Mrs. J.G. MacLennan were host and hostess for the meeting. As well, Dr. MacLennan did all the behind-the-scenes work such as helping the hotel organize food and accommodation - a very difficult task when a number of people have environmental sensitivities. I can imagine his giving the hotel staff a mini-course in Clinical Ecology.

I have always found the "Annual Clinical Ecology Seminar" more exciting than other medical meetings. Clinical Ecology is a young medical specialty. It is fun meeting some of the founders of "Clinical Ecology" and the authors of the limited number of books on the subject. There is an air of enthusiasm not normally present at other meetings. There is the excitement of gaining some new insight and perspective about general health and illness. There is the excitement of finding solutions to medical problems, of knowing that the concepts of Clinical Ecology can help many people. There is also a feeling of satisfaction when you realize that everything is starting to come together, to make sense.

The meeting is a place to exchange ideas and compare notes. These doctors avoid the words "incurable" and "idiopathic" (a cause of itself). Medical books are full of these words, and if anything, they provide a mental block to anyone who really wants to know about health and illness. Clinical ecologists tend to talk about their most successful cases and the purpose of the meetings is to improve the success rate.

Dr. Theron Randolph of Chicago was giving out lapel buttons with a proposed logo for Clinical Ecology:



A number of speakers at the meeting emphasized the fact that Clinical Ecology is a specialty within the mainstream of medical practice. I expect that, gradually, more and more of the observations and insights of Clinical Ecology will be documented and explained by advances in medical science and that Clinical Ecology will then become just a routine part of any medical practice.

QUOTABLE QUOTES FROM BANFF

Mr. Richard Spohn: "In God we trust, all others must present data." Spohn emphasized that Clinical Ecologists must document everything as well as possible and collect much good, accurate, hard data.

Dr. Ronald Finn: "Ours is a hydrocarbon based society. A price is paid by our society in the ever-growing number of chemically sensitive individuals."

A cartoon doctor looking down at a miserable "Ziggy": "You will be all right, - just avoid the environment for a while."

Dr. Donald Jewett on "blind" scientific allergy testing: "A single blind test is when the patient does not know what he is getting. A double blind test is when the patient does not know what he is getting, and the technician does not know what she is giving. A triple blind test is when the patient does not know what he is getting, the technician does not know what she is giving, and the doctor does not know what he is doing."

Dr. Ronald Finn: "It is not normal for blood pressure to rise with age. The typical increase in blood pressure with age is likely the effect of chronic sodium loading." Some people are not genetically able to cope with the continuous use of extra salt. Eventually this leads to hypertension. Prevention is the best approach - avoid the use of excess salt.

Mr. Bruce Small: "Low levels of chemical exposures can trigger illness even in people with no history of health problems. There is a spreading effect starting with a restricted chemical sensitivity leading to multiple chemical sensitivities."

Buildings are being made more energy efficient, more air tight with reduced ventilation. "The hidden cost of energy conservation can be indoor air pollution, reduced health, and loss of productivity."

Professor Hal Levin on building ecology: "We spend 75-80% of our time indoors. There is an increasing problem of indoor air pollution and our present building codes set only minimum standards which do not adequately deal with this problem."

Dr. Sidney M. Baker. "Ideas of Importance to the Clinical Ecologist."

Individuality: "Each of us is unique."

The uniqueness of each individual, of every kind of living thing, is the basis for the evolution of life on our planet. Respect for diversity and a keen interest in each individual for his or her own sake is our fundamental biologic, social and political value. All detective work regarding problems in health, development and behaviour of a person must begin with a recognition that she or he is unique.

Care: "Love is the most important nutrient."

Learning to love and be loved by others is the most important thing we do.

Development: "Maturation is orderly."

The flowering of each human proceeds along orderly, rhythmic and predictable patterns in which inborn potential is manifested in interactions with the environment.

Holism: "Everything is connected to everything."

The living body is an interconnected web of systems in which the balance of the whole being is the key to preserving health and healing illness.

Monism: "The mind and body are one."

Recognition of our spiritual nature does not conflict with an understanding of the unity of mental and physical well-being.

Etiology: "Every illness and developmental problem is multifactorial."

The search for a single cause for a disorder should not blind us to considering all factors influencing the balance of the organism.

Ecology: "We each balance with our environment."

Diagnosis should not simply be the naming of an illness, but a strategy for finding all sources of imbalance between the person and the environment in which he or she lives and works.

Taxonomy: "Diseases are not entities."

In naming and classifying illness we should recognize that they are concepts we form about ways that individuals resemble one another in their interactions with the environment. Diseases are not things that attack us.

Orthomolecular: "The right molecules in the right amounts."

Providing the optimum concentrations of materials normally found in the body should precede drug treatment for control of symptoms of illness.

Control: "The prerequisite for self-care."

The patient should keep as much control as possible and professionals should do everything in their power to leave decision-making with their clients.

IS THERE LIFE AFTER ECOLOGICAL ILLNESS?

Brenda Koski

Going to a party can be the experience of a lifetime for me. Usually, I end up being the only person there who can identify everyone attending. What can I say? It's just my outgoing, friendly personality combined with smoke from "Players Light" and "DuMaurier" cigarettes along with perfume, etc. At one party, I met all sixty guests and lived to remember each of their names, hobbies, and musical interests. A few months later at a party with many of the same people, someone remarked that I seemed a lot different, much calmer. I had been "bouncing off the walls" at the first and at this one I was a wallflower. Was I depressed? Actually, I had had a neutralizing dose for tobacco smoke at the second party and was reacting to the "perfumes, etc." I was having a "down" reaction. I finished off the evening by dumping a bottle of Club Soda over my date's head. Needless to say, it was one of the last times I saw him.

If nothing else, ecological illness provides a great source of conversation for some otherwise boring social events. Someone once said, "At least with you around there is always something to talk about."

I've had a really positive response from most of my friends. They are very protective and supportive of me, warning of impending danger such as paint.

At my Grade 13 luncheon, one of my friends asked the waiter if the turkey being served was organic. He replied, "Are you the one with all the allergies?" Someone else examined the bananas on the fruit plate to see if they were of the gassed variety. Wonder of wonders, they weren't!

At my formal, I had a specially prepared meal and while everyone else was sipping on wine and drinks, I had a bottomless carafe of mineral water free-of-charge. No one at our table, or immediately around me wore any strongly scented products. I was able to stay all evening!

It takes more than neutralization serums, and family and medical support to survive ecological illness. It requires an effort to continue living, friends, and most of all, belief in yourself.

Yes, Virginia, there is life after ecological illness.

IMPRESSIONS

THE DANGEROUS CLIFF

T'was a dangerous cliff as they freely confessed
though to walk near its edge was so pleasant.
But over its edge had slipped a Duke,
and it had fooled many a peasant.
The people said something would have to be done
but their projects did not at all tally.
Said some, "put a fence around the edge of the cliff",
others, "an ambulance down in the valley".
The lament of the crowd was profound and loud
as their hearts overflowed with pity.
But the ambulance carried the cry of the day
as it spread to the neighbouring cities.
So a collection was made to accumulate aid
and dwellers in highway and alley,
gave dollars and cents not to furnish a fence,
but an ambulance down in the valley.
For the cliff is alright if you're careful, they said,
and if folks ever slip and are falling;
it's not the slipping and falling that hurts them
so much as the shock down below when they're stopping.
And so for years as these mishaps occurred
quick forth would the rescuers sally,
to pick up the victims who fell from the cliff
with the ambulance down in the valley.
Said one in his plea, it's a marvel to me that you'd give
so much greater attention
To repairing results than to curing the cause, why
you'd much better aim at prevention.
For the mischief of course should be stopped at its source;
come friends and neighbours let us rally.
It makes far better sense to rely on a fence
than an ambulance down in the valley.
He's wrong in his head the majority said.
He would end all our earnest endeavors.
He's the kind of man that would shirk his responsible work,
but we will support it forever.
Aren't we picking up all just as fast as they fall, and giving them
care liberally.
Why a superfluous fence is of no consequence,
if the ambulance works in the valley.
Now this story seems queer as I've given it here,
but things oft occur which are stranger.
More humane we assert to repair the hurt,
than the plan of removing the danger.
The best possible course would be to safeguard the source,
and to attend to things rationally.
Yes, build up the fence
and let us dispense with the ambulance down in the valley.

19th C. Author Unknown

Courtesy of Dr. Mark Percival,
New Hamburg, Ontario.

PEDIATRIC CLINICAL ECOLOGY

Dr. Donald Bastedo

Pediatric clinical ecology is the study of a child's reaction to his environment. It is that special emphasis in pediatrics which considers good health a satisfactory response to environmental stimuli and excitants, and illness an inadequate or poorly resolved response to environmental excitants. These various stimulants or excitants to which individual susceptibility exists are found in air, drugs, water, and, especially, in foods. In a school-aged child, one must consider such environmental excitants not only at home, but also at play and in the whole variety of his settings at school.

The clinical ecologists's philosophy of treatment revolves around the idea that many chronic illnesses and chronic complaints in childhood can be prevented, or at least managed, by doing a complete environmental investigation followed by avoidance and control. The end result of such investigation and changes can often produce a programme completely free of drugs and prescription routines.

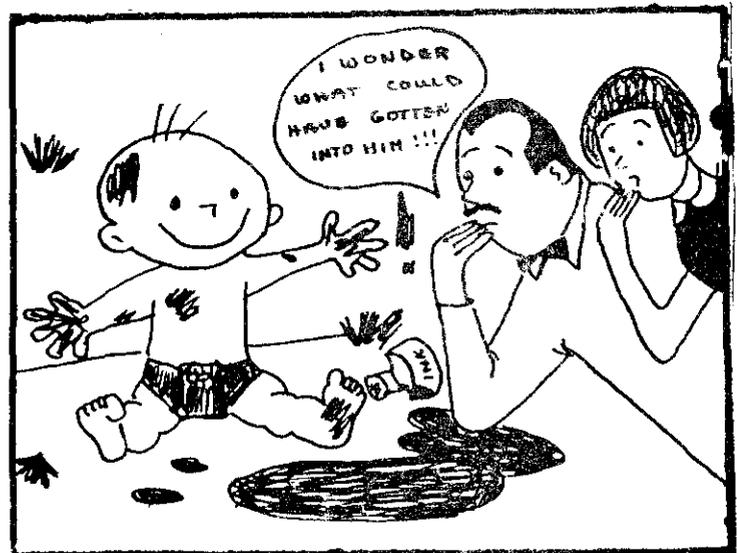
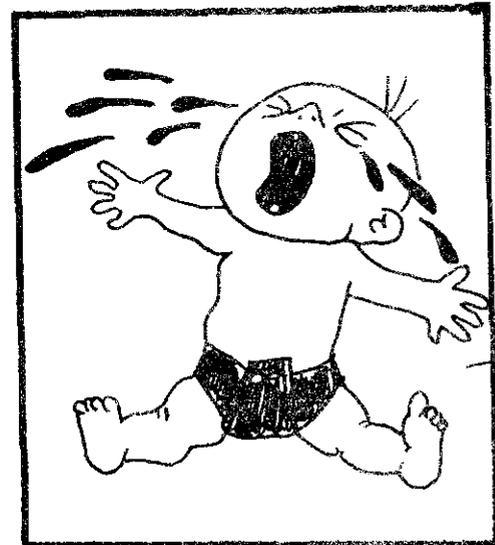
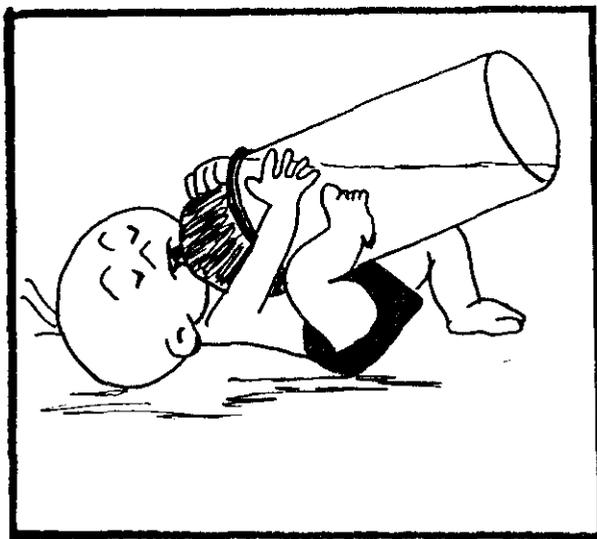
The most important feature of an ecological investigation of a child is the completeness of the medical history. Each complaint of the child, or complaint that the parent notices about the child, must be traced back in time: to relate its onset to changed circumstances in the child's life, home or mode of living, etc. Often this will result in a newly discovered relationship between symptoms and environmental exposures which had not previously been considered. Complaints often start with early newborn and infant feeding changes. The physician and parents must look for the relationship between changes in behaviours and activities and the ingestion of new foods and drugs. Furthermore, if a child has moved to a house or apartment with a different heating system, or if synthetic rugs have been installed in the home or if previously painted walls have been wall-papered, if, in short, the child has been more exposed to petrochemical fuels and pollutants, the physician and parents must be alert to the need to investigate these areas as they search for a cause of changed behaviours and activities.

Every child's reaction is unique and different. Accordingly, in the testing for suspect foods and chemicals, various dilutions of these materials are used to determine the exact strength at which the child is reacting. This enables the treatment to be individualized for that child.

In pediatrics, the most exciting and rewarding result of the ecological approach to illness is in prevention. Parents can be taught the correct and incorrect ways to furnish the child's room, clothe the developing child, and avoid or minimize the food reactions generally. New parents soon realize that sensitivity reactions are much more frequent than they previously realized and that they show themselves in many more ways than the usual sniffing, wheezing or skin itching. Children frequently may present digestive and abdominal complaints such as bloating, gas and vague aches and pains. The bladder may be the main reactor,

and the problem may show as wetting, dribbling and poor urine control. One of the most frequent complaints from a reacting and sensitive child is chronic fatigue and headache, known for many years to Pediatricians as "the allergic fatigue syndrome". Furthermore, it has recently been established that food reactions can cause aches and pains and muscle-like cramps. One of the most common foods which can produce such cramps, especially in the legs at night, is cow's milk.

Most parents are delighted to have such careful and individualized supervision of their child's health. The result of compliance with an ecological lifestyle is often the absence of certain illnesses which had hitherto been regarded as unavoidable and/or the result of infections. The child with middle ear infections and runny ears is a striking example. Although such difficulty can be caused by mechanical pressure and infection alone - both of which must be treated - it is now realized that approximately fifty percent of children with fluid in the ears are suffering from an allergic reaction involving the eustachian tubes. Unless the causative factors in the allergic and sensitivity reaction are removed, this child may go on having numerous repeat attacks of ear trouble which will seriously impair his growth, development and learning processes in the important and formative preschool years.



INDIRECT EFFECTS OF DISABILITIES
CAUSED BY FOOD AND CHEMICAL SUSCEPTIBILITY

by Dan O'Bannion, PhD
Thursday, Oct. 7, 1982
SOCIETY FOR CLINICAL ECOLOGY, 16th Advanced Seminar,
Banff, Alberta, Canada

This presentation will emphasize the social problems encountered by many individuals who are in some way disabled because of food and chemical susceptibility. In essence, a disturbed physiological state due to reactions to foods and chemicals may directly or indirectly influence behaviour problems. Such troublesome behaviour often is socially unacceptable, inefficient, and ineffective in achieving a productive lifestyle. When disturbed physical conditions which result from reactions to foods and chemicals produce depression, fatigue, hyperactivity, disturbed motor performance, disturbed thought processes, obesity, aches and pains, and psychotic and neurotic syndromes, social pressures come to bear. Society, in essence, pressures the individual to shape up and behave appropriately. Social pressure may attempt to increase certain behaviours that do not occur often enough. In other instances, excessive behaviour such as aggression and hyperactivity is punished. Social pressures used to change such behaviour involve ridicule and other means of punishment. Aversive or negative means of bringing behaviour into acceptable limits inevitably produce behavioural and emotional side effects.

An individual who becomes hyperactive as a direct result of reaction to foods and/or chemicals will have an extremely difficult time in a classroom setting. The child may not be able to stay still and may have difficulty learning and attending to materials at hand. The excessive activity and decreased attention span may cause the child to perform below expected levels and to start failing. Teachers and parents usually use force or the threat of force in an attempt to bring about more appropriate behaviour. These techniques may have only minimal effects in correcting the behaviour problem and will, more importantly, cause a variety of side effects. Avoidance, emotional behaviour, and the development of rationalizations, excuses, and lies are likely to occur as a means of coping with the frequent and severe punishment encountered from authoritative figures and peers.

The concept of indirect behavioural effects stemming from food and chemical sensitivities is extremely important when treating and diagnosing problems related to food and chemical reactions. Health care professionals should recognize that what appears to be exclusively a psychological problem in many cases may be an indirect result of punishment used to control inappropriate and deficient behaviour that results from an irregular physical state created by food and chemical sensitivities. On the other hand, clinical ecologists should also recognize that an irregular physical state which produced behaviour disorders may eventually lead to psychological problems that are simply coping mechanisms the individual has developed to defend against ridicule and punishment. Thus, take away the irregular physical state by changing dietary and chemical exposures and there may remain problems of a psychological nature. Positive alternatives to minimize negative side effects must be looked into.

Learning and Behaviour Problems in the Schools:
The Relationship to Allergy

Shirley Smith

The Research Method

The research for this article was carried out in southern and south-western Ontario by interviews with students, parents, physicians, clinical ecologists, teachers, administrators, school counsellors, a psychiatrist, day-care personnel and a part-time recreational director in a group home for young, developmentally handicapped adults. Some of the material is based on participant observation of students in the secondary school system over a period of eight years.

Introduction:

Some evidence is beginning to appear to suggest there is a link between diet, crime, and delinquency, between low blood sugar and anti-social behaviour, between food allergies, criminality and delinquency, between toxic metals and criminality, between food additives and delinquency (Schauss, 1980:1-96).

Is it too much to suggest, then, that ecological illness, hypersensitivity to one's environment, internal and external, might have an adverse effect on one's behaviour at school?

Can Ecologic Illness Affect a Child's Learning and Behaviour at School?

Well, without a doubt, there are people who have a learning problem because of sensitivities. All you have to do is look around in ragweed season and see people with red, runny eyes, and they're sneezing and coughing and you know those people couldn't study properly because they couldn't concentrate long enough. I mean, if you had the same kind of thing, you couldn't concentrate either. You just can't concentrate if you're feeling very poorly - whether it's from headache or from influenza or from allergy. That's just a very basic point. (Physician)

Of course, in some people the so-called cerebral allergies have a more direct effect. I know myself, if I eat certain things they'll immediately make me tired and dopey. I play a lot of tennis, they'll put my balance off, my timing will be off and the whole thing. I'm sure the same thing goes for a lot of children and for a lot of people who just don't realize why they're feeling chronically tired and ill. (Physician and Patient)

Anyone who works with students will tell you about the student who can't stay in his desk, or, if he can, who can't keep his feet or his hands still, who is constantly turning around and talking or giggling. Every teacher has nightmares about hyperactive students. Occasionally you hear about the student who has unexplainable outbursts of anger, the student who is chronically tired or depressed, the student who does

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excellent work one day and hands in "garbage" the next. And, of course, there are the students who simply cannot concentrate and cannot learn no matter how hard they try.

In my job I get to interview a lot of parents of children who are having trouble in our school system and I just began to realize that they were more or less telling me the same thing, a lot of them, about a lot of frustration with these children's early medical problems: frequent colds, upper respiratory complaints, ear infections, asthma, colic, eczema, and they were not happy with the situation. Many would say, "Whatever you do don't send me to my family doctor. I've just been in and out of that office too many times and my child's been on antibiotics too many times. That's not the answer." (Psychologist)

What usually prompted the school personnel to consider the possibility of a link between problem behaviour and allergy was a combination of seeing a pattern in the medical background of these students, personal experience with allergy, exposure to the ideas of men like Alexander Schauss, Lendon Smith, and Dr. John MacLennan, in other words, exposure to the ideas of clinical ecology, plus some rather dramatic successes when they began to apply these ideas.

The Success Stories

One high school student who had been unable to stay in the high school in her home town for any significant period of time, who in fact, spent most of her time on a home study programme, was able to complete an entire year at school when she was switched to another school in the system. Why? There were no chemical factories near the new school.

She was delighted. She was ecstatic. She was as happy as she could be. This was the first time in two or three years that she had the experience of being able to stay in school that long and it just meant the world to her. It was the change in environment - not in the school, but in the surrounding community. (Psychologist)

Another student was on the verge of being expelled from the system. He was aggressive, disruptive, very nervous and agitated, in sum, a behaviour problem. He was addicted to pop and to sugar. When he altered his diet, eliminated the pop and junk food, began a regular exercise programme, his behaviour changed dramatically:

He was calm; he was reasonable. He could sit and talk with me. He wasn't as anxious, as jittery or as nervous as he had been before. He was able to complete the year without getting thrown out - and this kid had definitely been on his way out! (Psychologist)

Another student who always saw little white things floating over the pages of the textbook in her first after-lunch class, no matter what it was, managed to solve her problem when she stopped eating kaiser rolls for lunch. Wheat allergy caused her

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to see "little white things" floating through the air (Notes).

Another student's unexplainable assaults on staff and other students stopped when he was taken out of chemistry and art classes (Notes).

Allergy and the Perceptual Problems

During an allergic reaction the body produces some very powerful chemicals. These chemicals can, and do, affect the way the brain works. In addition, as the physician quoted earlier stated, feeling ill, no matter the reason, affects the ability to concentrate and hence to think. Bruce Small, in his book, Sunnyhill: The Health Story of the 80's gives a succinct account of the inability to concentrate and to stay with a task, the loss of memory, the frustration, the irritability, the fear that you will never be able to think clearly which result from cerebral allergy. Transfer those disabilities and those frustrations to children who have not yet acquired the self-discipline of the adult or the image of self as an intelligent and competent being and psychological problems which further complicate learning are inevitable.

Many children with allergies have frequent ear infections with associated hearing loss. Educational psychologists are becoming increasingly aware of the necessity of stimulating all the child's senses at key periods in the brain's development for optimal learning ability. Many of the children encountered by behavioural psychologists in the school system have trouble understanding and remembering what they are hearing, even though hearing tests show their hearing is normal. They have a problem with auditory perception.

One school psychologist believes that hearing impairment in the early years when the auditory cortex is developing leads directly to language problems and to reading and spelling problems which will severely hamper that child's educational career (Notes), for, since it is extremely expensive and time-consuming to try to correct problems of auditory perception, few boards of education have the equipment or the resource personnel to give these children any more than support services.

It is essential to diagnose hearing problems early: a baby who sleeps for abnormally long periods of time, especially in a very noisy environment, babies who don't show a startle reaction to loud, unexpected noises, babies who refuse to suck even though they seem hungry. Sucking creates a vacuum-like effect on the ears and if the child has sore ears, sucking will hurt (Notes). In a toddler, delayed and faulty speech development may be caused by hearing impairment. These children should be seen immediately by hearing specialists.

Allergy may affect memory. A grade XII student who had a good understanding of the causes, events and repercussions on the rest of the world of the Russian Revolution at 8:30 a.m. couldn't even remember who Lenin was at 2:00 p.m. The custodian

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had been mowing the lawn outside the examination room since 1:30 p.m. (Notes). A brilliant student can't remember his own telephone number on rainy days (Notes).

The Physical Impairments

Allergy can affect physical co-ordination. It's a joke among some patients: if I've dropped everything I've picked up in the past hour, I'm reacting to something. "Neatness" is emphasized in the elementary school. Is that "careless" or that "sloppy" student perhaps merely reacting to the teacher's perfume? Is that hopelessly unco-ordinated child who always selected last for any game in "phys. ed." class perhaps reacting to the disinfectants used in the change rooms? Perhaps the case of the unreliable drummer sums up the problem. Karen was an asset to the high school band on some occasions, a liability on others. In morning rehearsals she usually, but not always, stayed on beat, smiled, joked, took criticism well. In afternoon rehearsals she rarely stayed on beat, scowled and swore at anyone who tried to suggest that she "smarten up" - which her peers did frequently. Actual public performances ranged from excellent to dreadful. Karen was eventually diagnosed as having food, chemical and inhalant sensitivities. Her performance depended on what she had had to eat, whether anyone was using instrument cleaners, glues or lubricants, the character of the hall and of the audience - small halls, audiences who smoked or wore a lot of perfume produced chaos. Morning rehearsals were better than afternoon rehearsals because she had not yet that day built up the exposures overload which would cause her to react to the carpet in the music-room.

The Extent of the Problem

Trips to art galleries, theatres, museums, industries, laboratories and points of historical interest are an established part of today's school curriculum. One popular establishment refuses to take students after lunch because of the increase in vandalism and "general silliness" among both elementary and secondary students. The administration posits a link between food and poor behaviour (Notes). Every teacher, every school administrator knows that the "troops are always more restive in the afternoons". What is beginning to appear is the suspicion that this deterioration in behaviour may be diet related.

What Is Being Done

In one or two school districts in Ontario, there is considerable awareness, at least among behavioural consultants, of the possibility of a link between sensitivities and learning and behaviour problems. Consequently, there is an increasing awareness of and interest in the principles of clinical ecology among teaching staff. Clinical ecologists have spoken to literally hundreds of teachers at professional development days in several counties in Ontario. There are parent-teacher committees meeting informally to discuss the problems of the hyper-sensitive in at least one area and at least one high school and several elementary schools are beginning to consider

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ways of reducing the amounts of junk food and pop available to students.

To a generation reared on junk food and pop, however, removing it from the school may well be cause for a student strike. It may also result in a neighbouring store's putting all its junk food on sale or in a canteen truck's adding the school to its series of stops (Notes). The only solution to the problem is education, that is, educating students from the cradle in the value of proper nutrition. That, however, requires prior education of the adult population.

Creating an environmentally safe environment for the chemically sensitive student is, at this point, virtually impossible. How, for example, would you keep locker rooms and washrooms clean without using disinfectant? Nevertheless, one board in Ontario is making some preliminary inquiries (Notes). When money is scarce, how do you justify the cost of installing vents in all laboratories, art rooms and home economic rooms, of making changes in the heating systems - especially when those changes will significantly benefit only a tiny portion of the student population?

There are, however, changes which can be worked out with the individual school which will benefit individual students. Most teachers will refrain from using perfumed personal products if the problem is explained to them. Most custodians will not use offensive cleaning products in your student's class-room if the problem is explained to him. Several mothers have reported good results in having plants and animals moved either to another room or to a closed-off corner of the class-room. These women have also been successful in having paints, glues, plasticene and crayons enclosed in air-tight cupboards when they are not being used (Notes). One school provides a very small, ecologically-safe office to which the hyper-sensitive children may withdraw. Several students, particularly secondary students, have reported making arrangements with their principals which allow them to go home any time they are having problems. These same students are routinely warned when the painters or exterminators are about to move into the school.

What Can You Do For Your Child?

(A) Initially

- 1) Make sure your child is given every available diagnostic test if he is not doing well at school.
- 2) Suspect that there may be an underlying organic cause for those problems.
- 3) Have your child assessed for organic illness. See a clinical ecologist if there is the remotest chance of allergy.

(B) If Your Child Is Allergic

- 1) Read everything you can find about allergy.

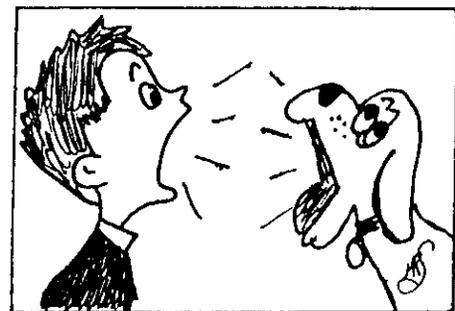
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- 2) Inform your child's teacher and the school principal and guidance teacher about the problem and the management programme. Nothing succeeds like success. Even if school staff are initially skeptical, when they see improvement in your child's behaviour they will become more co-operative.
- 3) Make suggestions for easily-made changes first; for example, suggest the crayons and paints and plasticene and glues be kept in closed boxes or cupboards. Ask if your child can use his own play-dough rather than the plasticene. Proceed from there.
- 4) Be firm but be diplomatic. People in education today feel as though they are in an embattled position.
- 5) Find other parents with the same concerns. Form a group. Educate yourselves.
- 6) Approach the school as a group. Voice your concerns. Make concrete suggestions. Be prepared to volunteer time and labour.
- 7) Approach a sympathetic board member. Educate that board member.
- 8) Try to bring in authorities in clinical ecology who speak persuasively and cogently on the subject.
- 9) Avoid stridency! This is a new field of medicine. It is very easy to be labelled a kook, a loud-mouth, a trouble-maker. That won't help your child. Stay low-key.
- 10) Be persistent!

Bibliography

Schauss, Alexander. Diet, Crime and Delinquency. Berkeley: Parker House, 1980.

Small, Bruce and Barbara. Sunnyhill: The Health Story of the 80's. Goodwood: Small & Associates, 1980.



BOOKS AND ARTICLES RELATING TO LEARNING DISABILITIES & HYPERACTIVITY

The following may be obtained from The Society for Emotional Development in Children (SEDC), 1181 rue de la Montagne, Montreal, Quebec. H3G 1Z2 (if you cannot find them elsewhere).
Shipping Charges are not included in prices.

Rapp, Doris. <u>Allergies and the Hyperactive Child.</u> Cornerstone Library, 1979.	\$10.00
Mayron, Ott et al. <u>Light, Radiation & Academic Behaviour</u>	\$ 0.50
Krippner, Stanley. <u>An Alternative Approach to Drug Treatment for Hyperactive Children.</u>	\$ 0.50
Crook, Wm. <u>Can What a Child Eats Make Him Dull, Stupid or Hyperactive?</u>	\$ 0.75
Crook, Wm. <u>Can Your Child Read, Is He Hyperactive?</u> Professional Books, 1977.	\$ 5.00
Finsand, Mary Jane. <u>Caring and Cooking for the Hyperactive Child.</u> Sterling, 1981.	\$ 8.95
Brown, R. and Connelly, M. <u>How to Manage a Party for Your Hyperactive Child & Survive.</u> Cottage Parks, 1981.	\$ 1.50
<u>Treating Your Hyperactive & Learning Disabled Child.</u> New York Institute for Child Development. Anchor/Doubleday, 1979.	\$10.00
Wunderlich. <u>Biosocial Factors in the Child with School Problems.</u>	\$ 0.50
Beavers, D. <u>Biochemical, Neurological & Miscellaneous Factors Found in Children With Learning Disabilities.</u>	\$ 0.25
Hoffer, A. <u>Children With Learning & Behavioral Disorders.</u>	\$ 0.15
Hawley and Buckley. <u>Dietary Measures to Improve Behavior and Achievement.</u>	\$ 0.50
Powers, H. and Presley, J. <u>Food Power: Nutrition & Your Child's Behavior.</u> St. Martin's, 1978.	\$ 7.50
Horrobin, D. <u>The Causes of Hyperactivity in Children.</u>	\$ 2.00

* Shipping Charges - \$1.50 per book and 30¢ per article.

RESOURCES QUESTIONNAIRE REPLIES

G. Joy Underwood

FOOD SOURCES in the United States

- "Eat Food Co-Op", 85 Walnut St., Binghamton, New York 13905
(some organic products, plus standard health food store items)
- "Down to Earth Co.", 305 Grant Ave., Endicott, NY 13760
(some organic products)
- "Sunny Binghamton Food Co-Op", Binghamton, NY 13901
(good selection of organic products)
- "Deer Valley Farm", RD 1, Guilford, NY 13780
(organic meats, vegetables, fruits, baked goods, cereals, etc.;
grown on the farm, with a store on the property; also have
safe well water, tested every 6 months by U.S. Dept. of Agr.)
- "Weavers Way Co-Operative", Green St. & Carpenter Lane,
Philadelphia, PA 19119
(various dairy products, meats without nitrates, breads)
- "Nuts to You", 24 S. 20th Street, Philadelphia, PA 19103
(dried fruits, nuts and raw honey)
- Courtland & Mary Brichard, RD 5, Box 113, Montrose, PA 18801
(organic beef, fresh fish, organic vegetables grown on their
farm; also hope to develop their springs for clean water;
make and sell non-chemical soap)
- Susan Johnson, P.O. Box 546, Macon, MO 63552
(good quality dehydrated food; however, the food is packed
in polyethylene buckets which may pose problems for some
chemically sensitive individuals; for literature on the
Crown Valley Products and price list, send \$2.00 to cover
postage and handling)

CLOTHING & FABRICS

- major department store catalogs both in the U.S. and Canada have
some 100% natural fibers clothing (check about treatment of
the fabric)
- good quality natural fabrics and clothing can be picked up on
trips to Europe

FURNISHINGS

- try to pick up linen and cotton materials for bedding in Europe
- 100% cotton sheets and pillowcases can sometimes be found in
major department stores (again check for treatment of fabric)

COSMETICS & TOILETRIES

- Shaklee toothpaste (available from a distributor)
- Weleda products (Weleda Inc., Dept. W.S., Box 769, Spring Valley,
NY 10977)

-cont'd

- Mary Kay basic 5 products (sold through a distributor)
- Jardin foundation and lipstick
- Allercreme underarm deodorant (at drugstores in the U.S.)
- Tom's of Maine toothpaste (at health food stores)
- jojoba pure oil, Mill Creek brand (at health food stores)
- vitamin E cream and aloe vera cream/oil (several companies-in health food stores)
- Brichard's homemade soap (see food sources above)
- Naturade lipstick (available at health food stores)

CLEANING AIDS

- Bon Ami cleaning powder in the original square can which consists of finely ground Bon Ami bar soap - for both the cleaning powder and bar soap, write to the manufacturer (can buy direct or ask for the name of local distributor)
Faultless Starch/Bon Ami Company
1025 West Eighth Street,
Kansas City, MO 64101
Telephone (816) 842-2030
- Shoprite washing soda for cleaning the toilet bowl
- Shaklee's Basic H for washing dishes and windows; Basic L for laundry (both products available from local distributor)
- brown soap in cakes

GARDENING & PEST CONTROL

- 1) 1 tbsp. salt in 1 gallon of water or 1 tbsp. pure liquid soap to 1 gallon water - for most plants
- 2) dust potatoes with rock phosphate
- 3) use plenty of compost with enough rough material in it to keep the earthworms well fed
- 4) learn as much as you can about companion planting
- 5) garlic and onion solution in water as a spray mist for plants
- 6) Basic H used in a mild spray on plants
- 7) lime dust
- 8) Derris root lime

OTHER RESOURCES

Formaldehyde Kits

- (a) Formaldehyde Spot Test - a drop of solution is placed on the test article and within 10 minutes you can determine the formaldehyde concentration based on changes in colour from clear (no change) to very dark purple (100 ppm.)
Complete test kit available for \$25.00 (US funds); refills-\$10
Order from: Sherry A. Rogers, M.D., 2800 West Genesee St.,
Syracuse, NY 13219
- (b) Two other kits that test air samples are also available. One includes an electric air pump and collection bottles that will test the air in two rooms, for \$65. If three or four rooms are to be tested, it costs an additional \$10.00-\$20.00. The procedure which includes mailing in the samples for a written

cont'd

analysis is available from Dr. Charles Jordan, Dept. FH, Box 3164,
Pikesville, KY 41501

- (c) The second kit - 3 M Formaldehyde Monitor No. 3750 - works in a similar way, except a plastic badge replaces the bottles. That kit, complete with analysis, costs \$35 and is available through 3 M Company, Dept. FH, Box 43157, St. Paul, MN 55164

NOTE: Lorain Bean reports:

When we travel anywhere in Ontario and see a truck or car or bus emitting lots of black smoke, we take the license number and, if possible, the name of the transport company. We cite the direction it was going, the time of day and as nearly as possible, the area in which it was seen. We also include the type of vehicle. I then send this information to:

Mr. J.G. Jefferies,
Air Resources Branch,
Vehicle Emission Section,
880 Bay St., 4th floor,
Toronto, Ontario.
M5S 1Z8

I have had very nice answers from Mr. Jefferies who assures me that they look into all complaints. He says that it helps because they haven't enough staff to spread out as wide a net as they'd like to.

NOTE: BEEFALO Breeders in Ontario:

Mac Danford - R.R. 1, Warsaw, Ont.	KOL 3A0	Tel. 705-639-5863
Jim Wells - R.R. 3, Ashton, Ont.	KOA 1B0	Tel. 613-257-1504
Raymond Mains - R.R. 3, Ashton	KOA 1B0	Tel. 613-257-2317
Manfred Kettler - General Delivery, Ashton		Tel. 613-257-5756
Bill Gibson - R.R. 1, Perth, Ont.	M4K 5W4	Tel. 613-267-1541
Bill Innis - R.R. 1, Bobcaygeon	KOM 1A0	Tel. 705-738-3277
Max Sabley - R.R. 2, Mountain,	KOE 1S0	Tel. 613-989-6134
Walter Stender - R.R. 1, Kinmount	KOM 2A0	Tel. 705-488-2811 Eve. 705-488-2194

Members should make arrangements well in advance.

RESOURCE MATERIAL FROM DICKEY ENTERPRISES

	Price	Qty.	Total
Diet, Crime and Delinquency Alexander Schauss	5.50		
Are You Allergic? William Crook, M.D.	4.50		
Can Your Child Read? Is He Hyperactive? William Crook, M.D.	7.95		
Tracking Down Hidden Food Allergy (Revised) William Crook, M.D.	6.75		
You and Allergy William Crook M.D. per hundred	.60@ 50.00		
Allergies and the Hyperactive Child Doris Rapp, M.D.	7.75		
Allergies & Your Family by Doris J. Rapp, M.D.	6.95		
An Ecological and Nutritional Approach to Behavioral Medicine by Dan R. O'Banion, Ph.D.	25.75		
The Ecological and Nutritional Treatment of Health Disorders by Dan R. O'Banion, Ph.D.	22.75		
Nutrition Almanac Nutrition Search, Inc.	7.95		
Nutrition Against Disease (Paperback) Roger Williams, Ph.D.	3.50		
Nutritional Analysis by Debra Lynn Dadd, Robert C. Dadd and Joseph J. McGovern, Jr., M.D.	13.95		
Physician's Handbook of Nutritional Science Roger J. Williams, Ph.D.	13.50		
A Physician's Handbook of Orthomolecular Medicine (Paperback) Roger J. Williams & Dwight K. Kalita	8.95		
Great Nutrition Robbery Beatrice Trum Hunter	5.95		
The Mirage of Safety Beatrice Trum Hunter	10.75		
Consumer Beware (Paperback) Beatrice Trum Hunter	6.75		
Food Additives and Your Health Beatrice Trum Hunter	2.75		
How safe is food in your kitchen Beatrice Trum Hunter (Hardback)	5.95		
Mega Nutrients for Your Nerves H.L. Newbold, M.D. (Paperback)	3.50		
Dr. Mandell's Allergy Free Cook Book	4.50		
How to Control Your Allergies by Robert Forman, Ph.D.	3.25		
5-Day Allergy Relief System by Dr. Marshall Mandell and Lynne Waller Scanlon	4.00		
Very Basically Your Cook Book Human Ecology Study Group	6.50		
Beyond the Staff of Life Kief Adler	4.00		
Almost Familiar Fare Allergy Cook Book	3.50		

	Price	Qty.	Total
Against The Unsuspected Enemy by Amelia Nathan Hill	6.50		
Sunny Hill by Bruce & Barbara Small	14.00		
How To Write And Publish A Scientific Paper Robert A. Day	9.95		
The Bug Book Helen & John Philbrick	6.25		
Zinc and Other Micro-Nutrients Carl C. Pfeiffer, Ph.D., M.D.	3.00		
Mental and Elemental Nutrients Carl C. Pfeiffer, Ph.D., M.D.	12.50		
Dr. Newbold's Revolutionary New Discoveries About Weight Loss H.L. Newbold, M.D. (Paperback)	3.50		
Eating and Allergy Robert Eagle	12.95		
The Pulse Test Arthur F. Coca, M.D.	2.50		
The Ion Effect Fred Soyka with Alan Edmonds	3.00		
C E Office Procedures Manual Ed. L.D. Dickey	12.00		

NEW BOOKS

The Sugar Trap & How to Avoid It by Beatrice Trum Hunter			
Facts and Fallacies of Allergy by Albert V. Giampaoli	4.25		
The Susceptibility Report by Bruce M. Small	10.95		
Food for Thought (A Parent's Guide to Food Intolerance) by Maureen Minchin	4.25		
Clinical Ecology (A New Medical Approach To Environmental Illness) by Iris R. Bell, MD. PhD.	5.50		
Soil, Food and Health in a Changing World Proceedings of the McCarrison			
Compendium on Indoor Pollution Dept. of Consumer Affairs State of California Clean-up Kit	20.00 5.00		
Multiple Sclerosis (A Personal View) by Cynthia Birer	19.75		
Clinical Ecology Vol. 1, Number 1 Archives of Society for Clinical Ecology Free with one year subscription U.S. \$24; Canada \$28; elsewhere \$32	7.50		
Food Allergy and the Allergic Patient by E. Louis Taube, M.D.	5.75		

TOTAL ENCLOSED

	Price	Qty.	Total
Clinical Ecology ed. by Lawrence D. Dickey M.D.	60.00		
Sublingual Use of Allergenic Extracts by Lawrence D. Dickey, M.D.	3.00		
Human Ecology & Susceptibility to the Chemical Environment Theron G. Randolph, M.D.	13.00		
An Alternative Approach to Allergies Theron G. Randolph, M.D. and Ralph W. Moss, Ph.D. Hardback	4.50 15.95		
Otolaryngologic Allergy Edited by Huston King	72.50		
Food Allergy Rinkel Randolph & Zeller	17.75		
Food-Allergy Familial Nonreaginic by Arthur F. Coca, M.D.	27.60		
Food Allergy by John Gerrard, M.D.	20.75		
Food Allergy, 2nd printing Joseph B. Miller, M.D.	10.00		
Basics of Food Allergy J.C. Breneman, M.D.	35.75		
Food Allergy Rowe and Rowe	27.95		
A Guide for Food Allergic Patients Karla and John Boyles, Jr., M.D.	1.25		
Brain Allergies by William Philpott, M.D. and Dwight K. Kalita, Ph.D.	17.95		
Food, Mind & Mood by David Sheinkin, M.D. Michael Schachter, M.D. & Richard Hutton	4.00		
The Food Connection David Sheinkin, M.D. Michael Schachter, M.D. & Richard Hutton	11.00		
Not All In The Mind by Dr. Richard Mackarness	4.50		
Living Safety in a Polluted World Richard Mackarness, M.D. (Hardback)	12.95		
Chemical Victims by Richard Mackarness, M.D.	4.50		
The Household Environment and Chronic Illness Guy Pfeiffer, M.D. and Casimir Nickel, F.A.C.H.A.	15.75		
Why Your House May Endanger Your Health by Alfred V. Zamm, M.D. with Robert Gannon	13.95		
How To Survive Modern Technology Charles T. McGee, M.D.	3.50		
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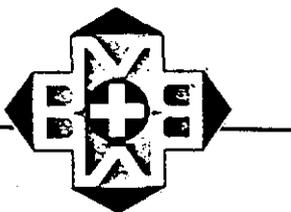
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