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Autore	Smith Matthew <1973->
Titolo	An alternative history of hyperactivity [[electronic resource]] : food additives and the Feingold diet // Matthew Smith
Pubbl/distr/stampa	New Brunswick, N.J., : Rutgers University Press, c2011
ISBN	1-283-86464-9 0-8135-5102-1
Descrizione fisica	1 online resource (260 p.)
Collana	Critical issues in health and medicine
Disciplina	618.92/8589
Soggetti	Attention-deficit hyperactivity disorder - Nutritional aspects Attention-deficit hyperactivity disorder - Diet therapy Attention-deficit hyperactivity disorder - History Food additives - Toxicology
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references and index.
Nota di contenuto	Food for thought -- Why your child is hyperactive -- Feingold goes public -- The problem with hyperactivity -- "Food just isn't what it used to be" -- The Feingold diet in the media -- Testing the Feingold diet -- Feingold families.
Sommario/riassunto	In 1973, San Francisco allergist Ben Feingold created an uproar by claiming that synthetic food additives triggered hyperactivity, then the most commonly diagnosed childhood disorder in the United States. He contended that the epidemic should not be treated with drugs such as Ritalin but, instead, with a food additive-free diet. Parents and the media considered his treatment, the Feingold diet, a compelling alternative. Physicians, however, were skeptical and designed dozens of trials to challenge the idea. The resulting medical opinion was that the diet did not work and it was rejected. Matthew Smith asserts that those scientific conclusions were, in fact, flawed. An Alternative History of Hyperactivity explores the origins of the Feingold diet, revealing why it became so popular, and the ways in which physicians, parents, and the public made decisions about whether it was a valid treatment for hyperactivity. Arguing that the fate of Feingold's therapy depended more on cultural, economic, and political factors than on the scientific

protocols designed to test it, Smith suggests the lessons learned can help resolve medical controversies more effectively.
