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Version: 2. April 2017

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WORLD ENVIRONMENTAL CONFERENCE and the MULTIPLE SCLEROSIS FOUNDATION F.D.A. IS SUING FOR COLLUSION WITH MONSANTO Article written by Nancy Markle (11/20/97)

I have spent several days lecturing at the WORLD ENVIRONMENTAL CONFERENCE on "ASPARTAME marketed as 'NutraSweet, 'Equal', and 'Spoonful'". In the keynote address by the EPA, they announced that there was an epidemic of multiple sclerosis and systemic lupus, and they did not understand what toxin was causing this to be rampant across the United States. I explained that I was there to lecture on exactly that subject.

When the temperature of Aspartame exceeds 86 degrees F, the wood alcohol in ASPARTAME coverts to formaldehyde and then to formic acid, which in turn causes metabolic acidosis. (Formic acid is the poison found in the sting of fire ants). The methanol toxicity mimics multiple sclerosis; thus people were being diagnosed with having multiple sclerosis in error. The multiple sclerosis is not a death sentence, where methanol toxicity is.

In the case of systemic lupus, we are finding it has become almost as rampant as multiple sclerosis, especially Diet Coke and Diet Pepsi drinkers. Also, with methanol toxicity, the victims usually drink three to four 12 oz. Cans of them per day, some even more. In the cases of systemic lupus, which is triggered by ASPARTAME, the victim usually does not know that the aspartame is the culprit The victim continues its use aggravating the lupus to such a degree, that sometimes it becomes life threatening. When we get people off the aspartame, those with systemic lupus usually become asymptomatic. Unfortunately, we can not reverse this disease.

On the other hand, in the case of those diagnosed with Multiple Sclerosis, (when in reality, the disease is methanol toxicity), most of the symptoms disappear. We have seen cases where their vision has returned and even their hearing has returned. This also applies to cases of tinnitus.

During a lecture I said "If you are using ASPARTAME (NutraSweet, Equal, Spoonful, etc.) and you suffer from fibromyalgia symptoms, spasms, shooting pains, numbness in your legs, cramps, vertigo, dizziness, headaches, tinnitus, joint pain, depression, anxiety attacks, slurred speech, blurred vision, or memory loss -- you probably have ASPARTAME DISEASE!" People were jumping up during the lecture saying, "I've got this, is it reversible?" It is rampant. Some of the speakers at my lecture even were suffering from these symptoms. In one lecture attended by the Ambassador of Uganda, he told us that their sugar industry is adding aspartame! He continued by saying that one of the industry leader's son could no longer walk - due in part by product usage!

We have a very serious problem. Even a stranger came up to Dr. Espisto (one of my speakers) and myself and said, "Could you tell me why so many people seem to be coming down with MS?" During a visit to a hospice, a nurse said that six of her friends, who were heavy Diet Coke addicts, had all been diagnosed with MS. This is

beyond coincidence. Here is the problem. There were Congressional Hearings when aspartame was included in 100 different products. Since this initial hearing, there have been two subsequent hearings, but to no avail. Nothing as been done. The drug and chemical lobbies have very deep pockets. Now there are over 5,000 products containing this chemical, and the PATENT HAS EXPIRED!!!! I At the time of this first hearing, people were going blind. The methanol in the aspartame converts to formaldehyde in the retina of the eye. Formaldehyde is grouped in the same class of drugs as cyanide and arsenic-- DEADLY POISONS!!! Unfortunately, it just takes longer to quietly kill, but ' it is killing people and causing all kinds of neurological problems.

Aspartame changes the brain's chemistry. It is the reason for severe seizures. This drug changes the dopamine level in the brain. Imagine what this drug does to patients suffering from Parkinson 's Disease. This drug also causes Birth Defects.

There is absolutely no reason to take this product. It is NOT A DIET PRODUCT!!! The Congressional record said, "It makes you crave carbohydrates and will make you FAT". Dr. Roberts stated that when he got patients off aspartame, their average weight loss was 19 pounds per person. The formaldehyde stores in the fat cells, particularly in the hips and thighs.

Aspartame is especially deadly for diabetics. All physicians know what wood alcohol will do to a diabetic.

We find that physicians believe that they have patients with retinopathy, when in fact, it is caused by the aspartame. The aspartame keeps the blood sugar level out of control, causing many patients to go into a coma. Unfortunately, many have died. People were telling us at the Conference of the American College of Physicians, that they had relatives that switched from saccharin to an aspartame product and how that relative had eventually gone into a coma. Their physicians could not get the blood sugar levels under control. Thus, the patients suffered acute memory loss and eventually coma and death.

Memory loss is due to the fact that aspartic acid and phenylalanine are neurotoxic without the other amino acids found in protein. Thus it goes past the blood brain barrier and deteriorates the neurons of the brain. Dr. Russell Blaylock, neurosurgeon, said, "The ingredients stimulates the neurons of the brain to death, causing brain damage of varying degrees. Dr. Blaylock has written a book entitled "EXCITOTOXINS: THE TASTE THAT KILLS" (Health Press 1-800-643-2665). Dr. H.J. Roberts, diabetic specialist and world expert on aspartame poisoning, has also written a book entitled "DEFENSE AGAINST ALZHEIMER'S DISEASE" (1-800-814-9800). Dr. Roberts tells how aspartame poisoning is escalating Alzheimer's Disease, and indeed it is. As the hospice nurse told me, women are being admitted at 30 years of age with Alzheimer's Disease. Dr. Blaylock and Dr. Roberts will be writing a position paper with some case histories and will post it on the Internet. According to the Conference of the American College of Physicians, "We are talking about a plague of neurological diseases caused by this deadly poison".

Dr. Roberts realized what was happening when aspartame was first marketed. He said "his diabetic patients presented memory loss, confusion, and severe vision loss". At the Conference of the American College of Physicians, doctors admitted that they did not know. They had wondered why seizures were rampant (the phenylalanine in aspartame breaks down the seizure threshold and depletes serotonin, which causes manic depression, panic attacks, rage and violence).

Just before the Conference, I received a FAX from Norway, asking for a possible antidote for this poison because they are experiencing so many problems in their country. This "poison" is now available in 90 PLUS

countries worldwide. Fortunately, we had speakers and ambassadors at the Conference from different nations who have pledged their help. We ask that you help too.

Print this article out and warn everyone you know. Take anything that contains aspartame black to the store. Take the "NO ASPARTAME TEST" and send us your case history.

I assure you that MONSANTO, the creator of aspartame, knows how deadly it is. They fund the American Diabetes Association, American Dietetic Association, Congress, and the Conference of the American College of Physicians. The New York Times, on November 15, 1996, ran an article on how the American Dietetic Association takes money from the food industry to endorse their products. Therefore, they can not criticize any additives or tell about their link to MONSANTO. How bad is this? We told a mother who had a child on NutraSweet to get off the product. The child was having grand mal seizures every day. The mother called her physician, who called the ADA, who told the doctor not to take the child off the NutraSweet. We are still trying to convince the mother that the aspartame is causing the seizures. Every time we get someone off of aspartame, the seizures stop. If the baby dies, you know whose fault it is, and what we are up against. There are 92 documented symptoms of aspartame, from coma to death. The majority of them are all neurological, because the aspartame destroys the nervous system.

Aspartame Disease is partially the cause to what is behind some of the mystery of the Dessert Storm health problems. The burning tongue and other problems discussed in over 60 cases can be directly related to the consumption of an aspartame product. Several thousand pallets of diet drinks were shipped to the Dessert Storm troops. (Remember heat can liberate the methanol from the aspartame at 86 degrees F). Diet drinks sat in the 120 degree F. Arabian sun for weeks at a time on pallets. The service men and women drank them all day long. All of their symptoms are identical to aspartame poisoning. Dr. Roberts says "consuming aspartame at the time of conception can cause birth defects". The phenylalanine concentrates in the placenta, causing mental retardation, according to Dr. Louis Elsas, Pediatrician Professor -Genetics, at Emory University in his testimony before Congress.

In the original lab tests, animals developed brain tumors (phenylalanine breaks down into DXP, a brain tumor agent). When Dr. Espisto was lecturing on aspartame me, one physician in the audience, a neurosurgeon, said, "when they remove brain tumors, they have found high levels of aspartame in them".

Stevia, a sweet food, NOT AN ADDITIVE, which helps in the metabolism of sugar, which would be ideal for diabetics, has now been approved as a dietary supplement by the F.D. A. For years, the F.D. A. has outlawed this sweet food because of their loyalty to MONSANTO.

If it says "SUGAR FREE" on the label-- DO NOT EVEN THINK ABOUT IT! !!!!! Senator Howard Metzenbaum wrote a bill that would have warned all infants, pregnant mothers and children of the dangers of aspartame. The bill would have also instituted independent studies on the problems existing in the population (seizures, changes in brain chemistry, changes in neurological and behavioral symptoms). It was killed by the powerful drug and chemical lobbies, letting loose the Thousands of disease and death on an unsuspecting public. Since the Conference of the American

College of Physicians, we hope to have the help of some world leaders. Again, please help us too. There are a lot of people out there who must be warned, *please* let them know this information.

While I fancy myself a conspiratorialist by nature (and know that some officials working under the Ford administration who were involved in approving aspartame later took jobs with Monsanto), and I also often

accuse the pharmaceutical manufacturing industry of questionable ethics, I have researched the effects of aspartame in literature seraches. The early animal data regarding brain tumors was subsequently refuted with larger controlled animal studies. Below, I have included references for some of the other effects attributed to aspartame. I think that there are certain susceptible individuals who have negative reactions to this compound and thus should avoid ingesting it. Personally, I don't eat or drink aspartame, but obviously, many do, judging by the number of products containing this additive. I do believe, however, that it is important to question patients on dietary factors (particularly those being treated for

headache) to determine if any connections exist between behavioral/lifestyle factors and provocation of the pain syndrome. Anyway, for your reading pleasure, see the references below. BTW, the debate over aspartame has been floating on the internet for about a decade.

1. (MEDLINE result)

Spiers PA; Sabounjian L; Reiner A; Myers DK; Wurtman J; Schomer DL.
Aspartame: neuropsychologic and neurophysiologic evaluation of acute and chronic effects. American Journal of Clinical Nutrition, 1998 Sep, 68(3) :531-7.
Pub type: Clinical Trial; Journal Article; Randomized Controlled Trial.
Abstract: BACKGROUND: Neurobehavioral symptoms have been reported anecdotally with aspartame. OBJECTIVE: This study sought to determine whether aspartame can disrupt cognitive, neurophysiologic, or behavioral functioning in normal individuals. DESIGN: Forty-eight healthy volunteers completed a randomized, double-blind, placebo-controlled, crossover study.
The first month was aspartame free. Subjects then consumed sodas and capsules with placebo, aspartame, or sucrose for 20 d each. Order was randomized and subjects were assigned to either a high- (45 mg x kg body wt(-l) x d (-1)) or low- (15 mg x kg body wt(-l) x d (-1)) dose aspartame group. Neuropsychologic and laboratory testing was done on day 10 of each treatment period to determine possible acute effects and on day 20 for possible chronic effects. RESULTS: Plasma phenylalanine concentrations increased significantly during aspartame treatment. Neuropsychologic results; adverse experiences; amino acid, insulin, and glucose values; and electroencephalograms were compared by sex and by treatment. No significant differences were found for any dependent measure. CONCLUSION:
Large daily doses of aspartame had no effect on neuropsychologic, neurophysiologic, or behavioral functioning in healthy young adults.

2. (MEDLINE result)

Blumenthal HJ; Vance DA.
Chewing gum headaches. Headache, 1997 Nov-Dec, 37 (10): 665-6.
Abstract: Aspartame, a popular dietetic sweetener, may provoke headache in some susceptible individuals. Herein, we describe three cases of young women with migraine who reported their headaches could be provoked by chewing sugarless gum containing aspartame. (NOTE: Sometimes chewing ANY gum can provoke headaches in susceptible

individuals-Lori).

3. (MEDLINE result)

Ross JA.
Brain tumors and artificial sweeteners? A lesson on not getting soured on epidemiology [editorial].
Medical and Pediatric Oncology, 1998 Jan, 30(1) :7-8. Pub type: EDITORIAL.

4. (MEDLINE result)

Gurney JG; Pogoda JM; Holly EA; Hecht SS; Preston-Martin S.
Aspartame consumption in relation to childhood brain tumor risk: results from a case-control study.
Journal of the National Cancer Institute, 1997 Jul 16, 89(14): 1072-4.

5. (MEDLINE result)

Lavin JH; French SJ; Read NW.
The effect of sucrose- and aspartame-sweetened drinks on energy intake, hunger and food choice of female, moderately restrained eaters.
International Journal of Obesity and Related Metabolic Disorders, 1997 Jan, 21(1) :37-42.
Abstract: OBJECTIVE: To compare the effects of aspartame-sweetened and sucrose-sweetened soft drinks on food intake and appetite ratings of female restrained eaters. SUBJECTS: Fourteen female students, shown to have eating restraint. METHODS: Subjects were given four drinks (330 ml) of aspartame-sweetened lemonade, sucrose-sweetened lemonade and carbonated mineral water on three separate days. Seven of the subjects were informed of the drink type they were consuming on each occasion.
MEASUREMENTS:
Appetite ratings were recorded and energy and macronutrient intakes were measured during the study day and day after leaving the department.
RESULTS:
During the first study day energy intake was lower whilst drinking the sucrose-sweetened lemonade compared with the aspartame-sweetened lemonade, although neither differed significantly from energy intakes during the day they drank water. When the calories from the sucrose-sweetened lemonade were included (1381 kJ, 330 Kcal) energy intake did not differ between treatments. The following day energy intake was significantly higher after the aspartame-sweetened lemonade compared with both sucrose-sweetened lemonade and the water due to an increase in the amount of carbohydrate consumed and resulted in a higher total energy intake over the two days studied. Knowledge of the drink types had no
effect on energy intake or macronutrient intake. Appetite ratings did not differ between drinks and were not affected by knowledge of the drink types. CONCLUSION: These results suggest that in females with eating restraint, substituting sucrose-sweetened drinks for diet drinks does not reduce total energy intake and may even result in a higher intake during the subsequent day.

6. (MEDLINE result)

Olney JW; Färber NB; Spitznagel E; Robins LN.
Increasing brain tumor rates: is there a link to aspartame? Journal of Neuropathology and Experimental Neurology, 1996 Nov, 55(11) :1115-23.
Abstract: In the past two decades brain tumor rates have risen in several industrialized countries, including the United States. During this time, brain tumor data have been gathered by the National Cancer Institute from catchment areas representing 10% of the United States population. In the present study, we analyzed these data from 1975 to 1992 and found that the brain tumor increases in the United States occurred in two distinct phases, an early modest increase that may primarily reflect improved diagnostic technology, and a more recent sustained increase in the incidence and shift toward greater malignancy that must be explained by some other factor(s). Compared to other environmental factors putatively linked to brain tumors, the artificial sweetener aspartame is a promising candidate to explain the recent increase in incidence and degree of malignancy of brain tumors. Evidence potentially implicating aspartame includes an early animal study revealing an exceedingly high incidence of brain tumors in aspartame-fed rats compared to no brain tumors in concurrent controls, the recent finding that the aspartame molecule has mutagenic potential, and the close temporal association (aspartame was introduced into US food and beverage markets several years prior to the sharp increase in brain tumor incidence and malignancy). We conclude that there is need for reassessing the carcinogenic potential of aspartame.

7. (MEDLINE result)

Stegink LD; Lindgren SD; Brummel MC; Stumbo PJ; Wolraich ML.
Erythrocyte L-aspartyl-L-phenylalanine hydrolase activity and plasma phenylalanine and aspartate concentrations in children consuming diets high in aspartame. American Journal of Clinical Nutrition, 1995 Dee, 62(6) :1206-ll.
Abstract: A deficit of alpha-aspartyl-phenylalanine (alpha-Asp-Phe) hydrolase activity has been suggested as a cause of possible adverse effects of aspartame ingestion. Twenty-five normal preschool children and 23 school-age children described by their parents as sensitive to sugar were fed diets high in sucrose, aspartame, or saccharin for three successive 3-wk periods. Blood samples were obtained at baseline (fasting) and within the last 3 d of each dietary period (postprandial). Alpha-Asp-Phe concentrations were below detection limits (0.5 mumol/L) in all plasma samples and Phe and Asp concentrations remained within normal limits, alpha-Asp-Phe hydrolase activities in baseline hemolysate samples did not differ between groups. One subject had a plasma alpha-Asp-Phe hydrolase activity > 2 SD below the mean. Despite this low activity, this subject did not show consistent cognitive or behavioral anomalies that could be linked to low hydrolase activity.

8. (MEDLINE result)

Rowan AJ; Shaywitz BA; Tuchman L; French JA; Luciano D; Sullivan CM.

Aspartame and seizure susceptibility: results of a clinical study in reportedly sensitive individuals. Epilepsia, 1995 Mar, 36(3) :270-5.
Pub type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL.
Abstract: The high intensity sweetener aspartame has been implicated anecdotally in seizure provocation. This possibility was investigated with a randomized, double-blind, placebo-controlled, cross-over study. After an extensive search, 18 individuals (16 adults and 2 children) who had seizures allegedly related to aspartame consumption were admitted to adult or pediatric epilepsy monitoring units where their EEG was monitored continuously for 5 days. Aspartame (50 mg/kg) or identically enpackaged placebo was administered in divided doses at 0800, 1000, and 1200 h on study days 2 and 4. All meals were uniformly standardized on treatment days. No clinical seizures or other adverse experiences were observed after aspartame Ingestion. Mean plasma phenylalanine (Phe) concentrations increased significantly after aspartame ingestion (83.6 microM) as compared with placebo (52.3 microM). Results suggest that aspartame, in acute dosage of approximately 50 mg/kg, is no more likely than placebo to cause seizures in individuals who reported that their seizures were provoked by aspartame consumption.

9. (MEDLINE result)

Moser RH. Aspartame and memory loss. Jama, 1994 Nov 16, 272(19) :1543.

10. (MEDLINE result)

Van den Eeden SK; Koepsell TD; Longstreth WT Jr; van Belle G; Baling JR, McKnight B.
Aspartame ingestion and headaches: a randomized crossover trial [see comments]. Neurology, 1994 Oct. 44(10):1787-93.
Pub type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL.
Abstract: To examine whether ingestion of aspartame is associated with headaches, we conducted a double-blind crossover study using volunteers with self-identified headaches after using aspartame. Of the 32 subjects randomized to receive aspartame (approximately 30 mg/kg/d) and placebo in a two-treatment, four-period crossover design, 18 completed the full protocol, seven completed part of the protocol before withdrawing due to adverse effects, three withdrew for other reasons, two were lost to follow-up, one was withdrawn due to noncompliance, and one withdrew and gave no reason. Each experimental period was 7 days long. Subjects reported headaches on 33% of the days during aspartame treatment, compared with 24% on placebo treatment ($p = 0.04$). Subjects who were "very sure" prior to the study that aspartame triggered some of their headaches reported larger treatment differences (aspartame = 0.37 headache-days, placebo = 0.18 headache-days; $p < 0.001$) than subjects who were " somewhat sure" (aspartame = 0.29 headache-days, placebo = 0.22 headache-days; $P = 0.51$) or "not sure" (aspartame = 0.33 headache-days, placebo = 0.39 headache-days; $p = 0.51$). There was no significant treatment difference in the length or intensity of headaches or in the occurrence of side effects associated with the headaches. This experiment provides evidence that among individuals with self-reported headaches after ingestion of aspartame, a subset of this group report more headaches when tested under controlled conditions. It appears that some people are particularly susceptible to headaches caused

by aspartame and may want to limit their consumption.

11. (MEDLINE result)

Krohn JA.
Aspartame and attention deficit disorder (ADD) [letter; comment].
Pediatrics, 1994 Oct. 94(4 Pt l):576. Pub type: COMMENT; LETTER.

12. (MEDLINE result)

Butchko HH.
"Adverse reactions to aspartame: double-blind challenge in patients from a vulnerable population" by Walton et al [letter]. Biological Psychiatry, 1994 Aug 1, 36(3) :207-8.
Pub type: CLINICAL TRIAL; LETTER; RANDOMIZED CONTROLLED TRIAL.

13. (MEDLINE result)

Butchko HH; Tschanz C; Kotsonis FN.
Postmarketing surveillance of food additives. Regulatory Toxicology and Pharmacology, 1994 Aug, 20(1 Pt l) :105-18. Pub type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL.
Abstract: Postmarketing surveillance of consumption and of anecdotal reports of adverse health effects has been recognized by a number of regulatory authorities as a potentially useful method to provide further assurance of the safety of new food additives. Surveillance of consumption is used to estimate more reliably actual consumption levels relative to the acceptable daily intake of a food additive. Surveillance of anecdotal reports of adverse health effects is used to determine the presence of infrequent idiosyncratic responses that may not be predictable from premarket evaluations. The high-intensity sweetener, aspartame, is a food additive that has been the subject of extensive evaluation during the postmarketing period and is thus used as an example to discuss postmarketing surveillance.

14. (MEDLINE result)

Gerrard JW; Richardson JS; Donat J.
Neuropharmacological evaluation of movement disorders that are adverse reactions to specific foods. International Journal of Neuroscience, 1994 May, 76(1-2) :61-9.
Abstract: Three cases are reported of patients who had episodic movement disorders triggered by foods or components of the diet. In the first patient, the movement consisted of shaking the head from side to side that was triggered by milk and a number of other foods. In the second patient,the movement consisted of a repeated shrugging of the shoulders that was triggered by egg and coffee. In the third, the movement consisted of rhythmic contractions of the arms and legs that were triggered by aspartame. The first patient agreed to participate in a study in which she drank 250 ml of skim milk, an amount sufficient to trigger head shaking,after pretreatment with drugs known to alter neurotransmission across beta-adrenergic, dopaminergic, GABAergic or purinergic

synapses. At the doses used, propranolol and diazepam had no effect on the milk evoked movement disorder. Levodopa (plus carbidopa) blocked the reaction to milk.
Haloperidol, salbutamol and theophylline by themselves triggered a reaction similar to that evoked by milk. These observations suggest that, in susceptible individuals, foods can trigger movement disorders through an action on dopamine and other neurotransmitter pathways in the brain. A videotape of the reactions of the first two patients is available.

15. (MEDLINE result)

Kanarek RB.
Does sucrose or aspartame cause hyperactivity in children? Nutrition Reviews, 1994 May, 52 (5): 173-5. Pub type: JOURNAL ARTICLE; REVIEW; REVIEW, TUTORIAL.
Abstract: Anecdotal evidence has led to the hypothesis that there is a relationship between sugar intake and hyperactive behavior. To assess this hypothesis, a recent study using a range of behavioral and cognitive measures evaluated the effects of diets high in sucrose, aspartame, land saccharin on the performance of school-aged children believed to be sensitive to sugar, and preschool children. Although intakes exceeded average dietary levels, neither sucrose nor aspartame negatively affected behavior. Taken together with previous work, these results indicate that sugar is not a major cause of hyperactivity.

16. (MEDLINE result)

Trefz F; de Sonneville L; Matthis P; Benninger C; Lanz-Englert B; Bickel H.
Neuropsychological and biochemical investigations in heterozygotes for phenylketonuria during ingestion of high dose aspartame (a sweetener containing phenylalanine).
Human Genetics, 1994 Apr, 93(4):369-74.
Pub type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL.
Abstract: Aspartame, a high intensity sweetener, is used extensively worldwide in over 5,000 products. Upon Ingestion, aspartame is completely metabolized to two amino acids and methanol (approximately 50% phenylalanine, 40% aspartic acid, and 10% methanol). The effects of aspartame on cognitive function, electroencephalograms (EEGs) and biochemical parameters were evaluated in 48 adult (21 men, 27 women) heterozygotes for phenylketonuria (PKUH), PKUH subjects whose carrier status had been proven by DNA analysis ingested aspartame (either 15 or 45 mg/kg/day) and placebo for 12 weeks on each treatment using a randomized,double-blind, placebo-controlled, crossover study. A computerized battery of neuropsychological tests was administered at baseline weeks -2 and -1, and during treatment at weeks 6, 12, 18, and 24. Samples for plasma amino acids and urinary organic acids were also collected during these visits.
EEGs were evaluated by conventional and spectral analysis at baseline week -1 and treatment weeks 12 and 24. The results of the neuropsychological tests demonstrated that aspartame had no effect on cognitive function.
Plasma phenylalanine significantly increased, within the normal range for PKUH, at I and 3 h following the morning dose of aspartame in the group receiving the 45 mg/kg per day dose only. There were no significant differences in the conventional or spectral EEG analyses, urinary organic acid concentrations, and adverse experiences when aspartame

was compared with placebo. This study reaffirms the safety of aspartame in PKUH and refutes the speculation that aspartame affects cognitive performance, EEGs,and urinary organic acids.

17. (MEDLINE result)

Shaywitz BA; Sullivan CM; Anderson GM; Gillespie SM; Sullivan B; Shaywitz SE.
Aspartame, behavior, and cognitive function in children with attention deficit disorder [see comments].
Pediatrics, 1994 Jan, 93(l):70-5.
Pub type: CLINICAL TRIAL; JOURNAL ARTICLE; RANDOMIZED CONTROLLED TRIAL.
Abstract: OBJECTIVE. To determine the effects of large doses of aspartame on behavior, cognition, and monoamine metabolism in children with attention deficit disorder. DESIGN. A randomized, double-blind, placebo-controlled crossover study of unmedicated children meeting Diagnostic and Statistical Manual of Mental Disorders (3rd ed) criteria for atteAtion deficit disorder. SETTING. Behavioral assessments were performed in the child's home by their parents and in the classroom by a teacher. Cognitive tests were administered and blood drawing was performed during a 2-day inpatient admission to our Children's Study Center. INTERVENTIONS. Administration of aspartame (single morning dose, 34 mg/kg) or placebo for alternate 2-week periods. MAIN OUTCOME MEASURES. Behavioral and cognitive tests included the Matching Familiar Figures Test (MFFT), Children's Checking Task (CCT), the Airplane Test, the Wisconsin Card Sorting Test (WCST), the Subjects Treatment Emergent Symptom Scale (STESS), the Multigrade Inventory for Teachers (MIT), and the Conners Behavior Rating Scale. Blood was drawn for complete blood cell count and liver function tests, as well as amino acid, methanol, formate, serotonin,and monoamine metabolite analyses, and urine was collected for measurement of catecholamine and monoamine metabolite excretion. RESULTS. No clinically significant differences between aspartame and placebo were found for the STESS, MIT, or Conners ratings, or for the MFFT, CCT, WCST,or Airplane cognition tests. Also, no differences were noted for any of the biochemical measures, except for the expected increase in plasma phenylalanine and tyrosine following aspartame. CONCLUSIONS. The findings indicate that aspartame at greater than 10 times usual consumption has no effect on the cognitive and behavioral status of children with attention deficit disorder. In addition, aspartame does not appear to affect urinary excretion rates of monoamines and metabolites.

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