mizuno1-Edgar

From: ~kauai~ [US1@kauaigems.com]
Sent: Wednesday, February 06, 2008 12:31 PM
To: HLTtestimony
Subject: bill to ban aspartame

I, Norbert Roessler, a nine year full time resident of Kaua'i want you to know that I fully support the bill to ban the poison Aspartame from the state of Hawaii. I am a registered voter in the state of Hawaii under the name Norbert Roessler.

Norbert Roessler
PO Box 223749 Princeville HI 96722
4184 Kekuanaoa Princeville HI 96722
808 827 8227

CCC001

mizuno1-Edgar

From: Warren Woodward [w6345789@yahoo.com]
Sent: Wednesday, February 06, 2008 1:36 PM
To: HLTtestimony
Subject: HB2680 testimony

To: Representative Josh Green, Chair, House Committee on Health

From: Warren Woodward, 8805 Kula Hwy,, Kula, Hawaii 96790. 808 878 3103

Re: In support of HB2680, RELATING TO FOOD, being heard by HLT on Friday, February 8, 2008, at 8:00 am in House conference room 329.

Testimony: Aspartame is, by far, the most dangerous substance on the market that is added to foods.

Aspartame is the technical name for the brand names NutraSweet, Equal, Spoonful, and Equal-Measure. It was discovered by accident in 1965 when James Schlatter, a chemist of G.D. Searle Company, was testing an anti-ulcer drug.

Aspartame was approved for dry goods in 1981 and for carbonated beverages in 1983. It was originally approved for dry goods on July 26, 1974, but objections filed by neuroscience researcher Dr John W. Olney and Consumer attorney James Turner in August 1974 as well as investigations of G.D. Searle's research practices caused the U.S. Food and Drug Administration (FDA) to put approval of aspartame on hold (December 5, 1974). In 1985, Monsanto purchased G.D. Searle and made Searle Pharmaceuticals and The NutraSweet Company separate subsidiaries.

Aspartame accounts for over 75 percent of the adverse reactions to food additives reported to the FDA. Many of these reactions are very serious including seizures and death.(1) A few of the 90 different documented symptoms listed in the report as being caused by aspartame include: Headaches/migraines, dizziness, seizures, nausea, numbness, muscle spasms, weight gain, rashes, depression, fatigue, irritability, tachycardia, insomnia, vision problems, hearing loss, heart palpitations, breathing difficulties, anxiety attacks, slurred speech, loss of taste, tinnitus, vertigo, memory loss, and joint pain.

According to researchers and physicians studying the adverse effects of aspartame, the following chronic illnesses can be triggered or worsened by ingesting of aspartame:(2) Brain tumors, multiple sclerosis, epilepsy, chronic fatigue syndrome, parkinson's disease, alzheimer's, mental retardation, lymphoma, birth defects, fibromyalgia, and diabetes.

Aspartame is made up of three chemicals: aspartic acid, phenylalanine, and methanol. The book "Prescription for Nutritional Healing," by James and Phyllis Balch, lists aspartame under the category of "chemical poison." As you shall see, that is exactly what it is.

What Is Aspartame Made Of?

Aspartic Acid (40 percent of aspartame)

Dr. Russell L. Blaylock, a professor of neurosurgery at the Medical University of Mississippi, recently published a book thoroughly detailing the damage that is caused by the ingestion of excessive aspartic acid from aspartame. Blaylock makes use of almost 500 scientific references to show how excess free excitatory amino acids such as aspartic acid and glutamic acid (about 99 percent of monosodium glutamate (MSG) is glutamic acid) in our food supply are causing serious chronic neurological disorders and a myriad of other acute symptoms.(3)

How Aspartate (and Glutamate) Cause Damage

Aspartate and glutamate act as neurotransmitters in the brain by facilitating the transmission of

C000002

information from neuron to neuron. Too much aspartate or glutamate in the brain kills certain neurons by allowing the influx of too much calcium into the cells. This influx triggers excessive amounts of free radicals, which kill the cells. The neural cell damage that can be caused by excessive aspartate and glutamate is why they are referred to as "excitotoxins." They "excite" or stimulate the neural cells to death.

Aspartic acid is an amino acid. Taken in its free form (unbound to proteins) it significantly raises the blood plasma level of aspartate and glutamate. The excess aspartate and glutamate in the blood plasma shortly after ingesting aspartame or products with free glutamic acid (glutamate precursor) leads to a high level of those neurotransmitters in certain areas of the brain.

The blood brain barrier (BBB), which normally protects the brain from excess glutamate and aspartate as well as toxins, 1) is not fully developed during childhood, 2) does not fully protect all areas of the brain, 3) is damaged by numerous chronic and acute conditions, and 4) allows seepage of excess glutamate and aspartate into the brain even when intact.

The excess glutamate and aspartate slowly begin to destroy neurons. The large majority (75 percent or more) of neural cells in a particular area of the brain are killed before any clinical symptoms of a chronic illness are noticed. A few of the many chronic illnesses that have been shown to be contributed to by long-term exposure to excitatory amino acid damage include:

- Multiple sclerosis (MS)
- ALS
- Memory loss
- Hormonal problems
- Hearing loss
- Epilepsy
- Alzheimer's disease
- Parkinson's disease
- Hypoglycemia
- AIDS
- Dementia
- Brain lesions
- Neuroendocrine disorders

The risk to infants, children, pregnant women, the elderly and persons with certain chronic health problems from excitotoxins are great. Even the Federation of American Societies for Experimental Biology (FASEB), which usually understates problems and mimics the FDA party-line, recently stated in a review that:

"It is prudent to avoid the use of dietary supplements of L-glutamic acid by pregnant women, infants, and children. The existence of evidence of potential endocrine responses, i.e., elevated cortisol and prolactin, and differential responses between males and females, would also suggest a neuroendocrine link and that supplemental L-glutamic acid should be avoided by women of childbearing age and individuals with affective disorders."(4)

Aspartic acid from aspartame has the same deleterious effects on the body as glutamic acid.

The exact mechanism of acute reactions to excess free glutamate and aspartate is currently being debated. As reported to the FDA, those reactions include:(5)

- Headaches/migraines
- Nausea
- Abdominal pains
- Fatigue (blocks sufficient glucose entry into brain)
- Sleep problems
- Vision problems

C00C03

- Anxiety attacks
- Depression
- Asthma/chest tightness.

One common complaint of persons suffering from the effect of aspartame is memory loss. Ironically, in 1987, G.D. Searle, the manufacturer of aspartame, undertook a search for a drug to combat memory loss caused by excitatory amino acid damage. Blaylock is one of many scientists and physicians who are concerned about excitatory amino acid damage caused by ingestion of aspartame and MSG.
A few of the many experts who have spoken out against the damage being caused by aspartate and glutamate include Adrienne Samuels, Ph.D., an experimental psychologist specializing in research design. Another is Olney, a professor in the department of psychiatry, School of Medicine, Washington University, a neuroscientist and researcher, and one of the world's foremost authorities on excitotoxins. (He informed Searle in 1971 that aspartic acid caused holes in the brains of mice.)

Phenylalanine (50 percent of aspartame)

Phenylalanine is an amino acid normally found in the brain. Persons with the genetic disorder phenylketonuria (PKU) cannot metabolize phenylalanine. This leads to dangerously high levels of phenylalanine in the brain (sometimes lethal). It has been shown that ingesting aspartame, especially along with carbohydrates, can lead to excess levels of phenylalanine in the brain even in persons who do not have PKU.
This is not just a theory, as many people who have eaten large amounts of aspartame over a long period of time and do not have PKU have been shown to have excessive levels of phenylalanine in the blood. Excessive levels of phenylalanine in the brain can cause the levels of seratonin in the brain to decrease, leading to emotional disorders such as depression. It was shown in human testing that phenylalanine levels of the blood were increased significantly in human subjects who chronically used aspartame.(6) Even a single use of aspartame raised the blood phenylalanine levels. In his testimony before the U.S. Congress, Dr. Louis J. Elsas showed that high blood phenylalanine can be concentrated in parts of the brain and is especially dangerous for infants and fetuses. He also showed that phenylalanine is metabolised much more effeciently by rodents than by humans.(7)
One account of a case of extremely high phenylalanine levels caused by aspartame was recently published the "Wednesday Journal" in an article titled "An Aspartame Nightmare." John Cook began drinking six to eight diet drinks every day. His symptoms started out as memory loss and frequent headaches. He began to crave more aspartame-sweetened drinks. His condition deteriorated so much that he experienced wide mood swings and violent rages. Even though he did not suffer from PKU, a blood test revealed a phenylalanine level of 80 mg/dl. He also showed abnormal brain function and brain damage. After he kicked his aspartame habit, his symptoms improved dramatically.(8)
As Blaylock points out in his book, early studies measuring phenylalanine buildup in the brain were flawed. Investigators who measured specific brain regions and not the average throughout the brain notice significant rises in phenylalanine levels. Specifically the hypothalamus, medulla oblongata, and corpus striatum areas of the brain had the largest increases in phenylalanine. Blaylock goes on to point out that excessive buildup of phenylalanine in the brain can cause schizophrenia or make one more susceptible to seizures.
Therefore, long-term, excessive use of aspartame may provid a boost to sales of seratonin reuptake inhibitors such as Prozac and drugs to control schizophrenia and seizures.

Methanol (aka wood alcohol/poison) (10 percent of aspartame)

Methanol/wood alcohol is a deadly poison. Some people may remember methanol as the poison that has caused some "skid row" alcoholics to end up blind or dead. Methanol is gradually released in the small intestine when the methyl group of aspartame encounter the enzyme chymotrypsin.
The absorption of methanol into the body is sped up considerably when free methanol is ingested. Free methanol is created from aspartame when it is heated to above 86 Fahrenheit (30 Centigrade). This would occur when aspartame-containing product is improperly stored or when it is heated (e.g., as part of a "food" product such as Jello).

CC0004

Methanol breaks down into formic acid and formaldehyde in the body. Formaldehyde is a deadly neurotoxin. An EPA assessment of methanol states that methanol "is considered a cumulative poison due to the low rate of excretion once it is absorbed. In the body, methanol is oxidized to formaldehyde and formic acid; both of these metabolites are toxic." They recommend a limit of consumption of 7.8 mg/day. A one-liter (approx. 1 quart) aspartame-sweetened beverage contains about 56 mg of methanol. Heavy users of aspartame-containing products consume as much as 250 mg of methanol daily or 32 times the EPA limit.(9)

Symptoms from methanol poisoning include headaches, ear buzzing, dizziness, nausea, gastrointestinal disturbances, weakness, vertigo, chills, memory lapses, numbness and shooting pains in the extremities, behavioral disturbances, and neuritis. The most well known problems from methanol poisoning are vision problems including misty vision, progressive contraction of visual fields, blurring of vision, obscuration of vision, retinal damage, and blindness. Formaldehyde is a known carcinogen, causes retinal damage, interferes with DNA replication and causes birth defects.(10)

Due to the lack of a couple of key enzymes, humans are many times more sensitive to the toxic effects of methanol than animals. Therefore, tests of aspartame or methanol on animals do not accurately reflect the danger for humans. As pointed out by Dr. Woodrow C. Monte, director of the food science and nutrition laboratory at Arizona State University, "There are no human or mammalian studies to evaluate the possible mutagenic, teratogenic or carcinogenic effects of chronic administration of methyl alcohol."(11)

He was so concerned about the unresolved safety issues that he filed suit with the FDA requesting a hearing to address these issues. He asked the FDA to "slow down on this soft drink issue long enough to answer some of the important questions. It's not fair that you are leaving the full burden of proof on the few of us who are concerned and have such limited resources. You must remember that you are the American public's last defense. Once you allow usage (of aspartame) there is literally nothing I or my colleagues can do to reverse the course. Aspartame will then join saccharin, the sulfiting agents, and God knows how many other questionable compounds enjoined to insult the human constitution with governmental approval."(10) Shortly thereafter, the Commissioner of the FDA, Arthur Hull Hayes, Jr., approved the use of aspartame in carbonated beverages, he then left for a position with G.D. Searle's public relations firm.(11)

It has been pointed out that some fruit juices and alcoholic beverages contain small amounts of methanol. It is important to remember, however, that methanol never appears alone. In every case, ethanol is present, usually in much higher amounts. Ethanol is an antidote for methanol toxicity in humans.(9) The troops of Desert Storm were "treated" to large amounts of aspartame-sweetened beverages, which had been heated to over 86 degrees F in the Saudi Arabian sun. Many of them returned home with numerous disorders similar to what has been seen in persons who have been chemically poisoned by formaldehyde. The free methanol in the beverages may have been a contributing factor in these illnesses. Other breakdown products of aspartame such as DKP (discussed below) may also have been a factor.

In a 1993 act that can only be described as "unconscionable," the FDA approved aspartame as an ingredient in numerous food items that would always be heated to above 86 degree F (30 degree C).

Diketopiperazine (DKP)

DKP is a byproduct of aspartame metabolism. DKP has been implicated in the occurrence of brain tumors. Olney noticed that DKP, when nitrosated in the gut, produced a compound that was similar to N-nitrosourea, a powerful brain tumor causing chemical. Some authors have said that DKP is produced after aspartame ingestion. I am not sure if that is correct. It is definitely true that DKP is formed in liquid aspartame-containing products during prolonged storage.

G.D. Searle conducted animal experiments on the safety of DKP. The FDA found numerous experimental errors occurred, including "clerical errors, mixed-up animals, animals not getting drugs they were supposed to get, pathological specimens lost because of improper handling," and many other errors.(12) These sloppy laboratory procedures may explain why both the test and control animals had sixteen times more brain tumors than would be expected in experiments of this length.

In an ironic twist, shortly after these experimental errors were discovered, the FDA used guidelines recommended by G.D. Searle to develop the industry-wide FDA standards for good laboratory practices. (11)
DKP has also been implicated as a cause of uterine polyps and changes in blood cholesterol by FDA Toxicologist Dr. Jacqueline Verrett in her testimony before the U.S. Senate.(13)

CC0006

mizuno1-Edgar

From: Cori Brackett [cori@soundandfury.tv]
Sent: Thursday, February 07, 2008 9:34 AM
To: HLTtestimony
Subject: From Cori Brackett re. HB2680

Dear Chairman Dr. Green, Vice Chairman Mizuno, and members of the Hawaiian House Health Committee:

As the documentary filmmaker behind the films, Sweet Misery and Sweet Remedy, which both delve deeply into an analysis of aspartame - its history and chemical breakdown - I am writing to commend you for seriously considering the health of Hawaiians by bringing forward a bill to ban aspartame. It is a truly admirable and courageous act, in the spirit of positive community-based change. I, myself, am an aspartame survivor and personally can attest to the physical horrors it can inflict. In 2002, I was diagnosed with multiple sclerosis and shortly thereafter, was confined to a wheelchair with double vision and slurred speech. As I began to recover, I made the aforementioned aspartame documentaries, needing to alert the public at large and to spare people from my personal traumas. I also wanted to learn as much as I could during this film-making process about the truth or fiction of the dangers of aspartame. Although I did not want to believe that there was a problem with what had been my beverage of choice for twenty years, I found that in aspartame's case at least, where there was smoke, there was fire - a raging inferno, in fact.

The largest tragedy in my own life was thinking that aspartame was not only safe, but good for me. This same story has been repeated by countless aspartame survivors who have contacted me as they regain their health. Many other products have found to be toxic after entering the market place and have subsequently been banned. Look at DDT in pesticides; lead in gasoline;
or even Red #1, #2 and #4 for use as food dyes. Aspartame is a very sneaky, cumulative toxin accompanied by a smiley face. This is very dangerous. As more knowledge comes to light, it has become your responsibility and high honor to react to this new understanding. I ask you to give your bill a do pass in your Health Committee.

Thank you truly for your time and consideration.

Sincerely,

Cori Brackett
Sound and Fury Productions
2301 East Broadway
Tucson, AZ 85719
(520) 884-4346 (Direct line)
www.sweetremedy.tv

000007

Calorie Control Council
Comments on Aspartame
Hearing on HB 2680
Committee on Health
and
Committee on Human Services & Housing
February 8, 2008
8:00 a.m.

Submitted by Lyn O'Brien Nabors, President
Calorie Control Council
1100 Johnson Ferry Road, Suite 300
Atlanta, Georgia 30042
Written Comments Only

The Calorie Control Council is an international association representing companies that make low- and reduced-calorie foods and beverages, including companies that make ingredients for these products. Companies that make and use aspartame are among the Council's members.

Recent statistics released by the Centers for Disease Control and Prevention confirm that 34 percent of US adults, 20 years and over, are obese and more than 65 percent are overweight or obese. Scientific research shows that obesity is related to diabetes, heart disease, certain types of cancer and a number of other health conditions. Aspartame and aspartame-sweetened products can help people reduce and control calories

According to 2007 nationally projectable consumer research conducted for the Calorie Control Council, 194 million adult Americans use low-calorie, sugar free foods and beverages. The primary reason given for using these products is "to stay in better overall health" and 87 percent of low-calorie, sugar free product users say they want more of these products. And, according to Dr. Madeleine Sigman-Grant, author of research published in the *Journal of Food Science*, people who use products containing low-calorie sweeteners, are more aware of the foods they eat and they are eating in a more healthful way and consuming fewer calories.

Aspartame is an important ingredient of low- and reduced-calorie foods and beverages. It that has been consumed by hundreds of millions of people for more than two decades. A simple ingredient, aspartame's components are found in everyday foods.

Aspartame is does not contain neurotoxic or carcinogenic metabolites. The body digests the aspartame in exactly the same way it digests everyday foods. Aspartame, composed of aspartic acid, phenylalanine (amino acids, the building blocks of protein) and a small amount of methanol, brings nothing "new" to the diet that is not already present in milk, fruits, vegetables and meats. For example, a serving of tomato juice provides about six times more methanol than a serving of a diet beverage sweetened 100% with aspartame. A serving of nonfat milk provides about six times more phenylalanine and 13 times more aspartic acid compared with a diet beverage sweetened 100% with aspartame. A banana has twice the amount of aspartic acid, half the phenylalanine and the same amount of methanol as a serving of a diet beverage sweetened with 100% Aspartame. Once consumed, aspartame breaks down into its components, which the body digests in exactly the same way as those in everyday foods.

Aspartame has been tested for more than three decades, in more than 200 studies. Its safety has been confirmed by the Joint Expert Committee on Food Additives (JECFA) of the Food and Agriculture Organization/World Health Organization, the European Food Safety Authority, the U.S. Food and Drug Administration (FDA) and regulatory bodies in over 100 countries.

Aspartame has been reviewed and determined safe by the FDA for each new product category approval. The agency has reviewed aspartame 23 times over the past 26 years. Aspartame was first approved in 1981 during the Reagan administration and received a general use approval in 1996 during the Clinton administration. The FDA continues to review the use of aspartame and stated as recently as 2007 that there is no need for dietary change in regard to the use of aspartame.

A 2007 comprehensive review of more than 500 aspartame studies by a panel of eight leading experts in the areas of toxicology, epidemiology, metabolism, pathology, biostatistics etc., conclusively determined that aspartame is safe. The review, "Aspartame: A Safety Evaluation Based on Current Use Levels, Regulations, and Toxicological and Epidemiological Studies," was published in the September issue of *Critical Reviews in Toxicology,* the premier journal in its field.

Aspartame sweetened products provide the same nutrition as their full-calorie counterparts but with fewer calories. For example, an aspartame-sweetened yogurt used in place of a full-calorie yogurt provides the same amount of calcium, protein, and vitamins as its full-calorie counterpart but with approximately 50% fewer calories. Using gelatin sweetened with aspartame can be an ideal carrier for fruit and saves 70 calories per ½ cup. Flavored waters sweetened with aspartame offer a healthful hydration choice without calories.

Foods and beverages sweetened with aspartame offer people with diabetes a much wider variety of products from which to choose and greater flexibility in budgeting their carbohydrate intake. Thus, it can help them follow nutrition recommendations while enjoying good-tasting foods.

In a long-term study to evaluate the usefulness of aspartame containing products in weight loss and weight control, Harvard researchers concluded that aspartame, as part of a multidisciplinary weight control program, may facilitate weight control.

Leading health organizations such as the American Dietetic Association, the American Diabetes Association and the American Medical Association's Council on Scientific Affairs support the safety of aspartame.

Removing aspartame from the food supply would seriously impact the availability of low- and reduced calorie foods and beverages, negatively affecting the millions of people who depend on these products to reduce and control calories.

We appreciate your consideration of the Calorie Control Council's comments.

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

8:00am

Department's Position: The Department of Health respectfully opposes the bill.

Fiscal Implications: None.

Purpose and Justification: The intent of this bill is to ban the manufacturing, holding, sale, or delivery of any foods that contain aspartame.

The Department does not support this bill because aspartame is considered GRAS (generally recognized as safe) by the U.S. Food and Drug Administration (FDA). Aspartame is one of the most thoroughly tested and studied food additives the agency has ever approved. The agency reviewed more than 100 toxicological and clinical studies and confirmed that aspartame is safe for the general population.

On September 11, 2007, a new study of aspartame was conducted and concluded that aspartame is safe, even among its heavy users. The review, "Aspartame: A Safety Evaluation Based on Current use Levels, Regulations, and Toxicological and Epidemiological Studies," published in the September issue of the Informa Healthcare's *Critical Reviews of Toxicology*. Informa Healthcare is the oldest commercial journals publisher in the world, and one of the leading global academic publishers. The study reviewed more than 500 reports, including toxicological, clinical and epidemiological studies dating from 1970's preclinical work to the latest studies on the high-intensity sweetener. Along with use levels and regulations data, an international expert panel from 10 universities and medical schools evaluated the safety of aspartame for people of all ages and with a variety of health conditions. The panel concluded that aspartame does not have carcinogenic or cancer-promoting activity; is safe at current levels of consumption; has no effect on behavior, cognitive function, neural function or seizures in any of the groups studied; is safe for use by diabetics and may aid diabetics in adhering to a sugar-free diet; and there is no evidence to support an association between aspartame consumption and obesity.

The review panel researched for 11 months reviewing past literature on aspartame, which was introduced in the food supply in 1981. Currently, aspartame is consumed by over 200 million people around the world and is found in more than 6,000 products including carbonated soft drinks, powdered soft drinks, chewing gum, confections, gelatins, dessert mixes, puddings and fillings, frozen desserts, yogurt, tabletop sweeteners, and some pharmaceuticals such as vitamins and sugar-free cough drops.

The Department understands that public health would be further served if it would concentrate its efforts on the food safety inspections of the regulated community, food recalls of adulterated foods, and not the monitoring of the removal of aspartame-containing foods, which are already considered safe.

Thank you for the opportunity to testify.

The Association of Food, Beverage
and Consumer Products Companies

February 7, 2008

The Honorable Josh Green, M.D.
Chair, Committee on Health
Hawaii House of Representatives
415 South Beretania Street
Honolulu, HI 96813

RE: HB 2680, Relating to Food (Say)

Dear Representative Green:

On behalf of the Grocery Manufacturers Association, I am writing to express our opposition to House Bill 2680 (Say), which would prohibit foods containing aspartame. The measure is scheduled for hearing in the Committee on Health on Friday, February 8.

The Grocery Manufacturers Association (GMA) represents the world's leading food, beverage and consumer products companies. The Association promotes sound public policy, champions initiatives that increase productivity and growth and helps to protect the safety and security of the food supply through scientific excellence. The GMA board of directors is comprised of fifty-two chief executive officers from the Association's member companies. The $2.1 trillion food, beverage and consumer packaged goods industry employs 14 million workers, and contributes over $1 trillion in added value to the nation's economy.

Aspartame is a safe low calorie sweetener approved for use in foods as proven in recent peer-reviewed, scientific studies, and as determined by the United States Food and Drug Administration (FDA). Aspartame has been reviewed and determined safe 23 times over the past 26 years by the FDA. Aspartame was first approved in 1981 during the Reagan administration and received a general use approval in 1996 during the Clinton administration. The FDA continues to review the use of aspartame and stated as recently as 2006 that there is no need for dietary change in regard to the use of aspartame.

A 2007 comprehensive review of more than 500 studies by a panel of eight leading experts in the areas of toxicology, epidemiology, metabolism, pathology, biostatistics etc., conclusively determined that aspartame is safe. The review, "Aspartame: A Safety

Evaluation Based on Current Use Levels, Regulations, and Toxicological and Epidemiological Studies," was published in the September 2007 issue of *Critical Reviews in Toxicology,* the premier journal in its field. Furthermore, leading health organizations such as the American Dietetic Association, the American Diabetes Association and the American Medical Association's Council on Scientific Affairs support the safety of aspartame.

Additionally, aspartame provides those individuals who must control sugar intake for health reasons, such as the control of diabetes and excessive weight. With more than 65 percent of the population overweight, aspartame and products sweetened with aspartame can help people reduce and control calories. Foods and beverages sweetened with aspartame offer people with diabetes a much wider variety of products from which to choose and greater flexibility in budgeting their carbohydrate intake. Thus, it can help them follow nutrition recommendations while enjoying good-tasting foods.

For these reasons, we respectfully request that this committee oppose this legislation.

Sincerely,

Caroline Silveira
Director, State Affairs
Grocery Manufacturers Association

AMERICAN BEVERAGE ASSOCIATION

Representative Josh Green, Chair
House Committee on Health

Friday, February 8, 2008
8:00 a.m., Conference Room 329

RE: HB 2680 - RELATING TO FOOD

Chair Green, Vice Chair Mizuno, and Members of the Committee:

The American Beverage Association has been the trade association for America's non-alcoholic refreshment beverage industry for more than 85 years. Formerly the National Soft Drink Association, ABA today represents thousands of beverage producers, distributors, franchise companies and support industries in Hawaii and across the country.

Aspartame – most commonly known as NutraSweet and Equal – is one of the most thoroughly tested ingredients of all time with more than 200 scientific studies confirming its safety. It was approved by the U.S. Food and Drug Administration (FDA) for use in food in 1981 and for soft drinks in 1983.

Since that time, aspartame has been reviewed and approved by regulatory agencies around the globe, including the European Union Scientific Committee on Food and the Joint Food and Agriculture Organization/World Health Organization (JECFA) Expert Committee on Food Additives. In all, regulatory agencies in more than 100 countries have reviewed aspartame and found it to be safe for use. The National Cancer Institute has also validated its safety for both over-the-counter use and use in food products.

Consumer research shows that low- and reduced-calorie foods and beverages have become part of the lifestyle of millions of men and women who want to stay in better overall health, control their weight, or simply enjoy the many low- or reduced-calorie products available.

Aspartame has helped provide calorie-conscious consumers with a wide variety of good-tasting, low- and reduced-calorie products that are easily incorporated into a healthful lifestyle. Diet soft drinks are the beverage of choice for millions of Americans who are seeking to reduce their calories without having to give up their favorite soft drinks. Currently, aspartame is found in more than 6,000 products and is consumed by over 200 million people around the world.

Further, studies have shown that foods and beverages sweetened with aspartame can be an effective "tool" as part of a weight management program. Researchers at Harvard Medical School have concluded that aspartame "is a valuable adjunct to a comprehensive program of balanced diet, exercise and behavior modifications for losing weight." And a recent review of aspartame by the British Nutrition Foundation showed that a diet including foods and drinks containing aspartame was effective in maintaining or losing weight without forgoing taste.

Diet soft drinks can also help adolescents with calorie consumption and teach them the importance of balancing calories consumed with calories burned. In fact, along with the beverage industry, the Alliance for a Healthier Generation, a join initiative of the American Heart Association and the William J. Clinton Foundation, developed School Beverage Guidelines that provide for "no- or low- calories beverages with up to 10 calories/8 oz." in high schools.

The American Beverage Association respectfully requests that the Committee hold HB 2680. Thank you for the opportunity to testify.

Representative Josh Green, MD., Chair
Representative John Mizuno, Vice Chair
Committee on Health
State Capitol, Honolulu, Hawaii 96813

HEARING Friday, February 8, 2008
8:00 am
Conference Room 329

RE: HB2680, Relating to Food

Chair Green, Vice Chair Mizuno, and Members of the Committee:

Retail Merchants of Hawaii (RMH) is a not-for-profit trade organization representing about 200 members and over 2,000 storefronts, and is committed to support the retail industry and business in general in Hawaii.

RMH opposes HB2680, which bans the use of the artificial sweetener aspartame in food products.

The FDA, the governmental agency charged with safeguarding the American food supply, has concluded that aspartame is safe for the general public, including diabetics, pregnant and nursing women, and children.

Aspartame is one of the most thoroughly studied ingredients in the food supply. Prior to its approval by the FDA in 1981, aspartame's safety was documented in more than 100 scientific studies. These tests were conducted in laboratory animals and several human subpopulations, including healthy infants, children, and adults, lactating women, persons with diabetes, and obese individuals. Aspartame was tested in amounts many times higher than individuals could possibly consume in the diet. The results of these studies demonstrated that aspartame is safe and not associated with adverse health effects.

Aspartame has been approved for use by more than 100 nations worldwide. It is used widely in major industrialized countries such as the U.S., Canada, the United Kingdom, Germany and Japan. Aspartame has also been reviewed and found safe by expert scientific committees, including the Joint Expert Committee on Food Additives (JECFA) of the United Nations Food and Agricultural Organization and World Health Organization as well as the Scientific Committee on Food of the European Union. In detailed re-reviews of aspartame's safety in 2002 and 2003, health authorities in the European Union, United Kingdom, France, and Canada reaffirmed aspartame's safety.

Considering that about two-thirds of Americans are overweight or obese, and obesity is an acknowledged problem in Hawaii, regulating appropriate caloric intake is important. Since aspartame-sweetened foods and beverages are lower in calories than their sugar-sweetened counterparts, such low- or reduced-calorie products, together with regular physical activity, can help with weight control. The results from a 3-year study at Harvard Medical School showed that aspartame is a valuable aid to a long-term weight management program that included diet and physical activity.

Given the data provided, we respectfully request that you hold HB2680. I have attached a list of pertinent and enlightening web sites that RMH members provided, should you want additional information. Thank you for your consideration and for the opportunity to comment on this measure.

Carol Pregill

President

RETAIL MERCHANTS OF HAWAII
1240 Ala Moana Boulevard, Suite 215
Honolulu, HI 96814
ph: 808-592-4200 / fax: 808-592-4202

http://www.time.com/time/magazine/article/0,9171,990167,00.html a great article in Time magazine exposing the aspartame hoax for what it is.

http://www.joslin.org/managing_your_diabetes_696.asp great article from the Joslin Diabetes Medical Center on "Correcting Internet Myths About Aspartame". Joslin is an affilliate of Harvard Medical School.

http://www.caloriecontrol.org/aspartame.html the Calorie Control Council site

http://www.aspartameorg/aspartame_vpk.html industry website that has tones of studies, reports, links on aspartame.

http://www.uklupus.co.uk/aspart.html Lupus Foundation site, correcting the falsehood tha aspartame causes lupus.

http://tafkac.org/ulz/nutrasweet.html article exposing aspartame wackiness as an Urban Myth.

http://www.ific.org/publications/brochures/aspartamebroch.cfm the International Food Information Council information on aspartame.

http://www.snopes.com/medical/toxins/aspartame.asp internet magazine that tackles the aspartame myth.

http://web.mit.edu/newsoffice/1998/aspartame-0916.html Link to MIT study on aspartame, but as a disclaimer they did get industry money so we do not push this one too much.

http://www.quackwatch.org/search/webglimpsecgi?othersite=&ID=2&query=aspartame a site that is very famous where medical doctors expose quack stories, includes aspartame story/

http://www.junkscience.com/news/nutrasweet.html a site that exposes scientific hoaxes.

http://www.equal.com/downloads/Aspartame_Fact_Sheet.pdf this page has printable brochures from one of the manufacturers, "Equal". Honestly we were more successful staying away from anything the industry printed, and going for third party articles and studies.

http://web.archive.org/web/20040205093914/http://www.healthcentral.com/DrDean/DeanFullTextTopics.cfm?ID=8134 this one is from HealthCentral, where real doctors write articles on health questions.

http://www.aspartame.net/FAQ_menu.asp this is an industry sponsored site with articles, links, studies

http://www.fda.gov/bbs/topics/ANSWERS/ANS00772.html article from the Food and Drug Administration

http://www.cfsan.fda.gov/~dms/fdsugar.html FDA consumer page on aspartame

http://www.cancer.gov/cancertopics/factsheet/Risk/artificial-sweeteners National Cancer Institute clears up the aspartame myth with a huge study

http://www.alz.org/alzheimers_disease_myths_about_alzheimers.asp National Alzheimers Institute tackles the subject, scroll down to Myth Number 4. What is great about these groups is that most legislators will know someone from one of these credible health groups that can sort out the crazy stuff.

http://www.digestivefacts.com/ms/news/532606/main.html a story about the European FDA debunking the Ramazzini rat study.

http://www.media-awareness.ca/english/resources/special_initiatives/wa_resources/wa_shared/tipsheets/deconstructing_webpages.cfm the Media Awareness network did a watchdog report on the aspartame hoax and how the internet was used effecteively to spread it.

http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/national_guidelines-lignes_directrices_nationales-06g_e.html the Health Canada website clears up the myth that aspartame should not be consumed by pregnant women.

http://www.aafa.org/display.cfm?id=9&sub=20&cont=285 the Allergy and Asthma Foundation site tackles aspartame http://urbanlegends.about.com/library/blasp.htm about.com did a 3 page well researched story exposing the woman that started the aspartame hoax.

http://www.doctorslounge.com/rheumatology/forums/backup/topic-1156.html an advice column for people asking doctors questions.

http://www.nationalmssociety.org/site/PageServer?pagename=HOM_ABOUT_headlines_aspartame story from Multiple Sclerosis society explaining aspartame scare is a hoax.

http://www.encolombia.com/aspartamo6.htm statement by various groups denouncing aspartame myth.

http://www.mult-sclerosis.org/news/Jan1999/DebunkingInternetHealthAlarms.html debunking article from MS Foundation, calling the aspartame myth the "scare du jour".

http://www.aspartame.info/opinion/op_ama.html the American Medical Association statement

http://www.cancer.org/docroot/ped/content/ped_1_3x_aspartame.asp American Cancer Society

http://www.americanheart.org/presenter.jhtml?identifier=4447 American Heart Association

http://www.mayoclinic.com/health/diabetes-diet/NU00592/UPDATEAPP=0 none other than the Mayo Clinic

http://www.kidshealth.org/parent/food/question/aspartame.html the Neours Foundation

http://www.diabetes.org/nutrition-and-recipes/nutrition/sweetenersjsp The American Diabetes Association

http://ec.europa.eu/food/fs/sc/scf/out155_en.pdf Scientific Committee of the European Food Safety Commission

http://www.nzfsa.govt.nz/publications/media-releases/2007/aspartame-press-release.htm New Zealnad Food Safety Authority

http://wwwcdc.gov/mmwr/preview/mmwrhtml/00000426.htm the Center For Disease Control (CDC)

http://www.foodstandards.gov.uk/news/newsarchive/2002/dec/aspartamereview United Kingdom Food Standards Agency

http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/nutrition_1030_ENU_HTML.htm American Dietetic Association

http://www.msnbc.msn.com/id/12155793/from/ET/ MSNBC story

http://wwwpregnancytoday.com/experts/n-dietsodas.htm Pregnancy Today magazine

HAWAII FOOD INDUSTRY ASSOCIATION
820 Mililani St., Suite 810, Honolulu, Hawaii 96813
Phone (808) 533-1292 - Fax (808) 599-2606 - Email LISHawaii@aol.com

KNOT YOUR BAG
The right way to trash plastic bags

Friday, February 8, 2008

To Committee on Health

By: Hawaii Food Industry Association
Lauren Zirbel or Richard Botti

RE: HB 2680 RELATING TO FOOD

HFIA strongly opposes HB 2680.

Aspartame is used in over 6,000 products. The FDA has approved its use on multiple occasions. Numerous foreign and international regulatory agencies have likewise approved it. No regulatory body has found it potentially harmful. Many health-related organizations endorse its use, particularly as a tool to manage caloric and carbohydrate intake and to combat obesity.

In April 2006, the National Cancer Institute released the results of its own study involving more than 500,000 people and showing no adverse health results arising from the use of aspartame.

Banning the most commonly used artificial sweetener on the market will juristically alter the availability of many well loved nutritional supplements, yogurts, drinks and basic food products consumers have come to rely for weight management and blood sugar control.

This scientifically unwarranted ban will have broad and fast negative implications for commerce. We strongly urge the legislature to rethink this brash measure.

February 8, 2008

To: House Committee on Health
Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

By: Richard C. Botti
P.O. Box 385757
Waikoloa, HI 96738

Re: HB 2680 Relating to Food

Chairs & Committee Members:

I oppose the passage of HB 2680 which would ban any food product containing aspartame.

I am a type 2 diabetic. I have the choice of using sugar or an artificial sweetener. I choose to avoid sugar to the maximum extent possible, because of my medical condition. Banning aspartame would be more dangerous to my help than any perceived threat from foods containing aspartame.

I know what will happen to me if I do not control my blood sugar levels. Evidence as to whether aspartame will cause me to have medical problems has not been evidenced. Until such time that FDA establishes that aspartame is not safe, I choose to avoid sugar in favor of aspartame.

Hearing on HB 2680

Committee on Health and Committee on Human Services & Housing
February 13, 2008 – 8:00 a.m. – Room 329

Submitted by Lyn O'Brien Nabors, President

Calorie Control Council
1100 Johnson Ferry Road
Atlanta, Georgia 30042
Written Comments Only

Aspartame is one of the most thoroughly tested ingredients in the food supply. Numerous scientific and regulatory bodies have evaluated the myriad of aspartame studies. On the basis of the body of sound scientific research all have determined aspartame is safe. Aspartame is approved in over 100 countries, including the Philippines and the United Kingdom, which is part of the European Union.

In spite of the vast amount of research, allegations have circulated that aspartame is responsible for a number of conditions. Scientific studies have been conducted to address these claims and they have been carefully evaluated by scientists, regulators and health organizations. These groups agree that aspartame is indeed safe and that the allegations made are without foundation. Information from a number of these reviews is provided below.

EU Committee on Food - Update on the Safety of Aspartame 2002
http://ec.europa.eu/food/fs/sc/scf/out155_en.pdf

In December 2002, the European Union's Scientific Committee on Food (SCF) (now the European Food Safety Authority) reconfirmed the safety of aspartame. The 2002 review updated the previous SCF opinions (1985, 1989, 1997) in light of reports on the consumption of aspartame in relation to the onset of brain tumors and seizures, headaches, allergies, and changes in behavior and cognitive function. The 2002 review focused on papers published in the open scientific literature from 1988 to 2001 and drew on the recent extensive review by the Agence Française de Sécurité Sanitaire des Aliments (AFSSA, 2002), which covered mutagenic, carcinogenic and neurological effects.

The SCF concluded that "on the basis of its review of all the data in animals and humans available to date, there is no evidence to suggest that there is a need to revise the outcome of the earlier risk assessment or the ADI previously established for aspartame." Again, concluding that aspartame is safe.

US Food and Drug Administration (FDA)
http://www.cfsan.fda.gov/~lrd/fpaspar2.html

In April 2007, the FDA completed its review concerning the long-term carcinogenicity study of aspartame entitled, "Long-Term Carcinogenicity Bioassays to Evaluate the Potential Biological Effects, in Particular Carcinogenic, of Aspartame Administered in Feed to Sprague-Dawley Rats," conducted by the European Ramazzini Foundation (ERF), located in Bologna, Italy. The agency stated that the "FDA reviewed the study data made available to them by ERF and finds that it does not support ERF's conclusion that aspartame is a carcinogen. Additionally, these data do not provide evidence to alter FDA's conclusion that the use of aspartame is safe."

United Kingdom (UK) Food Safety Authority
http://www.foodstandards.gov.uk/news/newsarchive/2002/dec/aspartamereview

The European Commission's Scientific Committee on Food (SCF) has published its updated opinion on the safety of the sweetener aspartame after an extensive review of more than 500 pieces of research. "The Committee concluded – on the basis of its review of all the data available to date – that there is no need to revise its earlier risk assessment, which concluded that aspartame is safe."

New Zealand Food Safety Authority - July 2007
http://www.nzfsa.govt.nz/publications/media-releases/2007/aspartame-press-release.htm

"Recent media reports may have raised unnecessary concerns for consumers about the safety of aspartame – used as a low energy sweetener in many common products – and need to be addressed, says the New Zealand Food Safety Authority (NZFSA)."

"NZFSA has a role to provide accurate information on the safety of food sold in New Zealand, so people are able to make informed choices about what they eat. Misleading or unsubstantiated claims about a particular food can create fear and quite unnecessary concerns for consumers," says Sandra Daly, NZFSA's Deputy Chief Executive."

Health Canada http://www.hc-sc.gc.ca/fn-an/securit/facts-faits/aspartame/index_e.html
http://www.hc-sc.gc.ca/fn-an/securit/facts-faits/aspartame/aspartame_statement_e.html

In May 2006, Health Canada stated "The overwhelming body of scientific evidence continues to support the safety of this sweetener, when used according to the provisions of the Food and Drug Regulations. However, as is the case whenever new information concerning the safety of a product arises, this new data will be carefully reviewed. Should any conclusive evidence be found linking the consumption of aspartame to adverse health effects, Health Canada will take appropriate action."

US National Cancer Institute
http://www.cancer.gov/cancertopics/factsheet/Risk/artificial-sweeteners

"Aspartame, distributed under several trade names (e.g., Nutrasweet® and Equal®), was approved in 1981 by the FDA after numerous tests showed that it did not cause cancer or other adverse effects in laboratory animals. Questions regarding the safety of aspartame were renewed by a 1996 report suggesting that an increase in the number of people with brain tumors between 1975 and 1992 might be associated with the introduction and use of this sweetener in the United States. However, an analysishttp://www.cancer.gov/dictionary/db_alpha.aspx?expand=a - analysis of then-current NCI statistics showed that the overall incidence of brain and central nervous system http://www.cancer.gov/dictionary/db_alpha.aspx?expand=c - central nervous systemcancers began to rise in 1973, 8 years prior to the approval of aspartame, and continued to rise until 1985. Moreover, increases in overall brain cancer incidence occurred primarily in people age 70 and older, a group that was not exposed to the highest doses of aspartame since its introduction. These data do not establish a clear link between the consumption of aspartame and the development of brain tumors."

"Recently, a laboratory experiment found more lymphomas http://www.cancer.gov/dictionary/db_alpha.aspx?expand=l - lymphomaand http://www.cancer.gov/dictionary/db_alpha.aspx?expand=l - leukemiain rats fed very high doses of aspartame (equivalent to drinking 8 to 2,083 cans of diet soda daily). However, there were some inconsistencies in the findings. For example, the cancers found in the treated rats were not specific to aspartame, and the number of cancer cases did not rise with increasing amounts of aspartame as would be expected. Subsequently, the NCI examined human data from the NIH-AARP Diet and Health Study of over half a million retirees. Increasing consumption of aspartame-containing beverages was not associated with the development of lymphoma, leukemia, or brain cancer. More information about aspartame can be found in the *FDA Statement on Aspartame*, which is available at http://www.cfsan.fda.gov/~lrd/tpaspart.html on the Internet."

National Multiple Sclerosis Society
http://www.nationalmssociety.org/site/PageServer?pagename=HOM_ABOUT_headlines_aspartame

"Several websites and documents circulating on the Internet are making unsubstantiated claims about aspartame, an artificial sweetener used in many diet soft drinks and other foods. These stories claim that Aspartame is the cause of a variety of illnesses, including MS, lupus, Alzheimer disease, Parkinson disease, birth defects, Desert Storm syndrome, brain tumors, and seizures. However, please bear in mind the following:
The claims are not documented. There is no evidence for 'epidemics' of multiple sclerosis, lupus, and some of the other diseases as claimed in the articles.
There is no evidence that authors of the claims have any scientific, medical, or academic credentials; nor is there any evidence that they have done any scientific research to support their claims. No published, peer-reviewed scientific research exists that supports the claims being made in the articles."

American Cancer Society
http://www.cancer.org/docroot/ped/content/ped_1_3x_aspartame.asp

The FDA received hundreds of complaints of various symptoms after aspartame was introduced. The most common symptoms were headache, dizziness, stomach (gastrointestinal) symptoms, and change in mood. Less often, seizures were reported. The symptoms did not follow any particular pattern and most were minor. The Centers for Disease Control and Prevention (CDC) concluded, "although it may be that certain individuals have an unusual sensitivity to the product, these data do not provide evidence for the existence of serious, widespread, adverse health consequences attendant to the use of aspartame."

"Claims are still made that aspartame is related to numerous health effects including: Alzheimer disease, birth defects, cancer, diabetes, Gulf War syndrome, attention deficit disorders, lupus, multiple sclerosis, and seizures. However, there is very little scientific evidence to support these claims. Human exposure studies done to date, in which volunteers eat known quantities of aspartame, have not shown any evidence of harm."

American Heart Association -
http://www.americanheart.org/presenter.jhtml?identifier=4447

"People with diabetes can use artificial sweeteners. So can people on a weight-loss diet. Aspartame is another common artificial sweetener. Extensive investigation hasn't shown any serious side effects from aspartame."

Mayo Clinic
http://www.mayoclinic.com/health/diabetes-diet/NU00592/UPDATEAPP=0

"Artificial sweeteners are often the subject of stories in the popular press and on the Internet, claiming that they cause a variety of health problems, including cancer. According to the National Cancer Institute, however, there's no scientific evidence that any of the artificial sweeteners approved for use in the United States cause cancer. And numerous studies confirm that artificial sweeteners are safe for the general population."

American Diabetes Association
http://www.diabetes.org/nutrition-and-recipes/nutrition/sweeteners.jsp

"The low-calorie sweeteners in the United States all underwent extensive testing before they were approved. Results showed that low-calorie sweeteners are safe for everyone, including children and pregnant women. However, people with a rare condition called phenylketonuria (PKU) should limit their intake of aspartame, one type of low-calorie sweetener."

The Joslin Diabetes Center affiliated with Harvard University
http://www.joslin.org/managing_your_diabetes_696.asp

The Internet myth "Especially deadly for diabetics": "there is no question that aspartame has been *beneficial* to people with diabetes, enabling them to enjoy sweet tasting foods without the carbohydrates. Since it does not contain calories in the usual amounts consumed, it cannot affect blood glucose levels or cause weight gain. . . . It is unfortunate that the Internet's remarkable capacity to transmit information means that it can also transmit misinformation widely and with lightning speed."

National Parkinson Foundation
http://web.archive.org/web/20070106134605/http://www.parkinson.org/site/apps/s/content.asp?c=9dJFJLPwB&b=108269&ct=89681

"There is no scientific evidence that aspartame causes or aggravates MS (multiple sclerosis) or PD (Parkinson's Disease)."

Alzheimer's Association
http://www.alz.org/AboutAD/Myths.asp

"Several studies have been conducted on aspartame's effect on cognitive function in both animals and humans. These studies found no scientific evidence of a link between aspartame and memory loss."

Asthma and Allergy Foundation of America
http://www.aafa.org/display.cfm?id=9&sub=20&cont=285

"Aspartame (Nutrasweet) is a calorie-free sweetener. Most reported reactions, include "hives," swelling of the eyelids, lips or hands and headaches. But these reactions have not been verified. People who have a problem breaking down the amino acid, phenylalanine, should not consume aspartame. Some claim the product also causes hyperactivity in children, but study results do not support these claims."

American Dietetic Association
http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/nutrition_1030_ENU_HTML.htm

"Aspartame's safety has been documented in more than 200 objective scientific studies. The safety of aspartame has been confirmed by the regulatory authorities in more than 100 countries, including the U.S. Food and Drug Administration, Health Canada, and the European Commission's Scientific Committee on Food, as well as by experts with the United Nations' Food and Agriculture Organization and World Health Organization."

Jeremy M. Gleeson, M.D.

1113 Madison NE
Albuquerque, NM 87110

December 7, 2005

To The Governor, Senators and Representatives
New Mexico

I am writing in response to a bill introduced this session. It seeks to ban the artificial sweetener aspartame, (brand name NutraSweet®, and others). There is no credible scientific or medical evidence to support such a ban. No such action has been taken, or proposed, by the U.S. Food and Drug Administration (FDA). This bill is apparently being put forward by an advocacy group, and regrettably, received legislative sponsorship.

The supporters of this bill claim aspartame has toxic metabolites. Aspartame is actually broken in the gut down into two amino acids. Amino acids are the "building blocks" of proteins; all of us get much larger quantities of these same amino acids from the protein we eat. Claims about toxic metabolites of aspartame, therefore, make no sense. Claims are also made that aspartame causes various cancers. One study from Italy is cited to support this claim, it is usually quoted out of context and is unsupported by the overwhelming body of evidence.

As everyone knows, we are facing an epidemic of obesity and related problems such as diabetes. As an endocrinologist who specializes in the care of people with diabetes and metabolic diseases, I see patients with these diseases every day. Artificial sweeteners are one way to reduce intake of calories from sugars. One 12 oz can of coke, for example, contains about 140 calories, close to 10% of the recommended daily intake for many people.

The supporters of the bill have put forward some statistics that use of artificial sweeteners is higher among obese individuals. Their suggestion is that this shows them to be them ineffective, or even harmful. A much more likely explanation is that the overweight are making a healthy choice to use these products in the attempt to prevent further weight gain, or lose weight. No one supposes that use of artificial sweeteners alone is sufficient to reverse the epidemic of obesity, however all safe options to reduce calorie intake should remain available.

The governor has announced initiatives to promote health in children. This bill is contrary to that worthwhile goal. There are many real problems that merit legislative time and attention; this is not one of them.

The Calorie Control Council contacted me regarding this bill. They are a trade organization for manufacturers of artificial sweeteners. While I share their opposition to this bill, I have no other connection with that organization. I certainly receive no financial or other compensation from them.

This is bad legislation; it is not in the interests of health in New Mexico. The bill should be thrown out without wasting more time and resources. I would invite those who advocate for the bill to make their own choices about sweeteners, but allow the rest of us to do the same. Aspartame is safe; it should remain available in New Mexico especially for those individuals for whom it is a more healthy choice.

Sincerely,

Jeremy Gleeson, MD

To Whom It May Concern:

In my professional position as a licensed pharmacist and the owner of The Medicine Chest Pharmacy in Albuquerque, New Mexico, it is my responsibility to my clients to remain continuously informed about the multitude of drugs, medications and related products that are presented to my customers and that effect their health.

Because of the many FALSE statements that I have received on the Internet concerning the low-calorie sweetener Aspartame, I have thoroughly researched the many studies and claims about this product. I have no doubt that the product is safe for human consumption. This should come as no surprise to anyone as Aspartame is completely metabolized by the body into its components, the amino acids aspartic acid and phenylalanine, and a tiny amount of methanol. Each of these components is found in far greater amounts in foods such as fruits, vegetables, milk, etc., that New Mexicans consume on a daily basis. Importantly, the body uses these by-products in precisely the same way irrespective of the source.

I work a good portion of my day at the pharmacy answering consumer inquiries about every manner of medication, drug and consumer product. New Mexicans are an inquiring lot. I believe they do not blindly accept the claims of advertising, product promotions or the Internet. Neither do I. When we hear rumors or allegations about product safety, both of us are aggressive in pursuing additional information. I believe the New Mexico Board of Pharmacy would do well to trust the confirmed science on the safety of Aspartame. It is also important to note that Aspartame is extremely important for people with diabetes and New Mexicans fighting obesity, problems that are acute in our Hispanic and Indian populations. Banning Aspartame based on sensational claims that do not accurately represent the full body of available research, would cause great hardship for these and other New Mexicans.

Kenneth Lee Corazza, R. Ph.

mizuno1-Edgar

From: Fred & Barbara Metzler [bmetzler@verizon.net]
Sent: Monday, February 11, 2008 2:10 PM
To: HLTtestimony
Subject: House Bill 2680 Please Handout

Re: House Bill 2680

PLEASE XEROX AS COMMITTEE HANDOUT FOR THIS HEARING.

PLEASE STOP ASPARTAME!!!!!

I would like to share my daughter's reaction to aspartame/NutraSweet with you.

**More than 20 years ago, when my daughter was in her early 20's and studying for
a Master's Degree,
she noticed that she was experiencing bizarre symptoms that were quite alarming .**

**This truly bright girl – (whose college tuition was entirely funded by scholarships and who won a Telluride Association Scholarship in competition
with more than one million students from the entire US) –realized that she
was becoming very confused. She would go to a grocery store and couldn't
remember why she was there. She would be driving her car and couldn't remember how to get home. She had déjà vu experiences.**

**And she got much worse. In addition to her drastic personality change and
intellectual deterioration,**

**she had epileptic-type seizures,
she began to lose her vision in both eyes
she had severe headaches and trouble forming words, panic attacks, a rapid heart rate, tremors, tingling and numbness of the extremities, profound exhaustion and severe drowsiness, insomnia, suicidal thoughts
and numerous other problems including a very short temper** 000029

gastrointestinal
problems, and joint pains.

Her marriage ended and she lost her job.

She consulted a neurologist, and he told her that she had temporal lobe epilepsy.
He began treating her with medication, but the medication didn't work, because the doctor was wrong in his diagnosis and he was treating her for a
condition she didn't have! What she really had was ASPARTAME POISONING/TOXICITY!

I had heard about Dr. H. J. Roberts (Florida), so I contacted him and he confirmed what I suspected – that she was suffering from a reaction to the
artificial sweetener in diet soda. My daughter owes her life to Dr. Roberts, because thanks to him, she stopped drinking diet soda, and gradually, every one of her problems disappeared. Today, she is a successful computer programmer and financial analyst.

It took a year or more for all her symptoms to vanish. She got better slowly with bad days thrown in.

To follow up, we took her to Boston for special studies on her brain, and the doctors confirmed that it was the NutraSweet that had made her so sick.
They said that she had been totally misdiagnosed by the neurologist and that
she did not have temporal lobe epilepsy at all. (These men were in the Clinical Research Center at the Massachusetts Institute of Technology.). We also took her to a highly-respected ophthalmologist who
explained why her vision loss was due to aspartame.

She was fine for 12 years. Then, she began
drinking diet soda again and had the same severe reaction. Luckily, we realized what was happening to her and were able to convince her to stop
using NutraSweet. Why did she start again? It's addictive!

000030

Many other members of our family also have noticed a reaction to NutraSweet.
I get severe classic migraines from diet soda – my son, who is a physician and pharmacist,
can't see to drive if he drinks diet soda – another young man in the family,
a lawyer, had double vision. His ophthalmologist thought he had a brain tumor, but all the tests were negative. He stopped drinking diet soda, and
within 3 months, the double vision was gone. My sister-in-law acted like a
"raving maniac" when she drank diet soda.

And, by talking to others in my community for 20+ years, I have learned that
reactions to NutraSweet are quite common.

Unfortunately, most physicians are clueless when it comes to connecting the
many symptoms of NutraSweet poisoning/toxicity with the consumption of what
is supposedly a safe substance.

By approving NutraSweet, the FDA caused many problems for many innocent
people.

Because my daughter was so disabled by diet soda, she lost at least $50,000
in wages she would otherwise have earned. And, the years of heartbreak that
her father and I had to endure can never be erased from our memories.

The FDA should be protecting Americans, but sadly, Americans have to protect
themselves because.....

The Golden Rule is that "He who has the gold makes the rules." And, this is evident in the way in which the FDA approved aspartame in the first place.

000031

What I have told you is simply the tip of an enormous iceberg. The FDA should be protecting all families from a deadly neurotoxin that destroys brains, nervous systems and optic nerves. What's done should be "un" done. The FDA has new employees who need to protect Americans from the mistakes of the former FDA employees!!!

Hawaii can be the LEADER in this endeavor!!! STOP ASPARTAME!!!

Barbara Metzler

PO Box 101

Brookside, NJ 07926

973-543-4645

bmetzler@verizon.net

All this happened to my daughter 20 years ago, long before I had a computer and could check out aspartame there. I had to spend an entire year writing to doctors and scientists and congressmen to learn about aspartame. When my daughter recovered by stopping diet soda (and she only drank 1 or 2 cans a day), I knew that I had to fight aspartame for the sake of others.

C00032

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:13 PM
To: HLTtestimony
Subject: From Victor Brandt, HS2680, House Health Committee, Hawaii

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: LEHNER@CAPITOL.HAWAII.GOV
Sent: Fri, 8 Feb 2008 17:44:27 -0600
Subject: Fw: From Victor Brandt, HS2680, House Health Committee, Hawaii

---------- Forwarded Message -----------
From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
To: bettym19@mindspring.com
Sent: Thu, 07 Feb 2008 23:14:21 -0500
Subject: From Victor Brandt, HS2680, House Health Committee, Hawaii

Reply-To: <victor@brandts.com>
From: "Victor Brandt" <victor@brandts.com>
To: <repgreen@Capitol.hawaii.gov>,
<repmizuno@capitol.hawaii.gov>
Subject: House Bill 2680 / Room number #329 / Friday 8:00 AM
Date: Thu, 7 Feb 2008 17:51:23 -1000

Please copy as committee handout for this hearing

Dear Honorable Rep. Josh Green, M..D. and Honorable John Mizuno, Vice Chair

My name is Victor Brandt. I am 49 years old and have lived and worked in Honolulu most of my life. First of all I applaud you for creating this bill and trust and hope that "good" will prevail. I believe you are about to create history in taking aspartame out of our foods. It will not only enhance the lives of those living on our islands but a statement like this will most definitely reverberate around the world in such a positive way that it will awaken the unassuming general public to understand that maybe it's aspartame in their diet that's making them sick. It will surely be significant. So please, stand strong in the face of the many lobbyist who will definitely be in your face to tell you there's no conclusive evidence. And remember, they're paid to say that!!

As for my story. It is quite simple and I feel lucky compared to many that I have met over the years, that like me, were mixed up with aspartame and experienced many of it 92 possible symptoms, a list, by the way, that the FDA actually created prior to it's 'underhanded"
approval in the early 80's by a quick moving Donald Rumsfeld. (At the bottom of my testimonial is a Letter from Dr. Betty Martini addressed to one of the Editors in Honolulu several weeks ago...she eloquently tells the story of how this addictive excitoneurotoxic carcinogenic drug got approved...a very worthwhile read!)

My problems started in the early 90's. I was addicted to sugar, probably had been since I was born, but I was consuming way too much sugar in the form of chocolates, ice cream, cookies and soda. I didn't feel all that bad, but wanted to get off the up and down mood swings that I was experiencing, so on a New Year's resolution I drop sugar from my diet. Naturally I still had a sweet tooth and became attracted to everything "Sugar Free". I switched my diet and started consuming sugar free cookies, candies and chewed several packs of sugar free gum per day. Unsuspectingly I was consuming a lot of Aspartame. My health started going into a tail-spin and I had no idea why nor knew anything about aspartame at the time.

I made it through all of the 90's, but at times I would have preferred to die. I had developed very challenging health issues along the way including severe headaches, joint pain, fatigue, insomnia, heart palpitations, rashes, asthma, blurred vision and I even became so irritable at times with those around me that I felt like I was about to explode.

All the doctors and health specialist I met said I was fine and they could find nothing wrong. I saw Western Doctors and had numerous test performs from food allergies to lost nerve sensation in my arms and legs. I then started to seek help from Naturopaths, Chiropractors, Acupuncturist, Massage Therapist, Colonic Therapist all to no avail. I also read numerous books on health and nutrition. I thought I tried just about everything and it was expensive!

However, it wasn't until I heard Dr. Betty Martini on a radio talk show that a light bulb went off. She talked for about a hour on the effects of Aspartame poisoning and I related to many of the symptoms she mentioned. She also talked about how it was wrongly approved and how the FDA actually denied approval on this product for many years before it was eventually approved.

From that day forward I stopped all the sugar free treats and became an avid reader of product labels. I read more books on the subject and found information on numerous websites. I started to shop wisely and buy only products that were made without aspartame or other artificial sweeteners or even artificial flavors. It's been well over 6 years since that light went off and I'm happy to say that my health has returned to about 90%. I continue to stay strong in my conviction and self discipline in avoiding aspartame and other artificial sweeteners as well as MSG but it's not easy, especially if you eat out a lot. It's hard to read labels at a restaurant.

Yesterday I was showing a client an older home in Kaimuki. It was close to being a 'tear-down' and as the listing broker walked us through the house, I couldn't help but notice all the clear plastic bags of yet to be recycled diet soda cans. My first thought was "whew, I bet that made someone sick." Then as we walked through the debris and into the back portion of the house, there were two middle-aged men that appeared to be sleeping. It was in the middle of the day so I asked the broker who they were and if they were alright. He said that they are cousins and he didn't think anything was wrong with them physically, but maybe mentally. I thought to myself that's what happens when you get hooked on aspartame. This stuff was a science experiment gone wrong and does not belong in the human body. If you use it long enough, it will destroy you. I will forever adamantly avoid this stuff and other artificial sweeteners as much as possible...as most of my friends and co-workers will attest.

Please ask your fellow representatives to stand tall against the money hunger manufacturers and their bought and paid for lobbyists who must not have no consciousness.

Very sincerely,

Victor Brandt

-

From Dr. Betty Martini, Founder of Mission Possible International (warning the world off aspartame, operations in 38 nations.) Here is her letter to our newspaper editor:

Dear Editor:

Thank you for helping to get the news out on banning aspartame (NutraSweet/Equal/Spoonful, etc.) from the great state of Hawaii.

Yes it is linked to 92 symptoms including death from the FDA themselves. Here is that report on FDA stationery:
<http://www.mpwhi.com/92_aspartame_symptoms.pdf>http://www.mpwhi.com/92_aspar
t
ame_symptoms.pdf
However, there are many more listed including all kinds of diseases and tumors in the 1000 page medical text by H. J. Roberts, M.D., Aspartame Disease: An Ignored Epidemic, <www.sunsentpress.htm>www.sunsentpress.com

Dr. Kalani Brady, a physician at the John A. Burns School of Medicine educates on diabetes. You have to wonder what is behind his statement of it being safe when aspartame has triggered an epidemic of diabetes. It not only can precipitate diabetes but simulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve from the free

000034

methyl alcohol, causes diabetics to go into convulsions and even interacts with insulin. It's the methanol, a severe metabolic poison that is causing so many diabetics to lose their limbs. Dr. Brady should get a copy of Dr. Roberts medical text since he is a diabetic specialist and took care of aspartame victims in the trenches of medical practice for decades. There is a large chapter on diabetes and its mechanisms. Here is an excellent letter written to Senator Ortiz y Pino in New Mexico on the subject.
<http://www.wnho.net/letter_to_senator_goyp_concerning_aspartame.htm>http://w
w
w.wnho.net/letter_to_senator_goyp_concerning_aspartame.htm
Perhaps you can forward it to Dr. Brady along with this Journal of the Diabetic Association of India:
<http://www.dorway.com/barua.html>http://www.dorway.com/barua.html

While the FDA today is the Aspartame Industry's Washington Branch Office, they originally fought approval to the point of asking for the indictment of the manufacturer. US Prosecutors Sam Skinner and William Conlon hired on with the defense team and the statute of limitations expired. The FDA actually revoked the petition for approval because they were so concerned about it triggering brain tumors and that it couldn't be proven safe. Here is the Board of Inquiry Report:
<http://www.mpwhi.com/fda_petition1.doc>http://www.mpwhi.com/fda_petition1.do
c

You will notice in the commentary above it there is a clip from Sweet Misery: A Poisoned World, an aspartame documentary, with Attorney James Turner explaining how Don Rumsfeld got this deadly chemical poison on the market when the FDA said "no".

They knew the FDA Commissioner would never over-rule the revoked petition for approval, so a call was made to him at 3:00 A.M. from the Reagan Transition Team asking him to resign. Here is a recent letter from his wife who was with him when that call came in:
<http://www.mpwhi.com/letter_about_jere_goyan.pdf>http://www.mpwhi.com/letter
_
about_jere_goyan.pdf
Rumsfeld was on Reagan's transition team and said he would call in his markers and get it approved. The day after Reagan took office he appointed Dr. Arthur Hull Hayes as FDA Commissioner to do the deadly deed. Knowing it would take 30 days to get Hayes to FDA, President Reagan actually wrote an Executive Order making the FDA powerless to do anything about aspartame. Hayes over-ruled the Board of Inquiry and then went to work for the PR Agency of the manufacturer for $1000.00 a day on a ten year contract. Quite a reward.

There was so much outrage as people began being poisoned there were three congressional hearings but the bill to put a moratorium on aspartame and have the NIH do independent studies on the horrors they were seeing in the population never got out of committee.
<http://dorway.com/dorwblog/?page_id=65>http://dorway.com/dorwblog/?
page_id=65
This was due to Senator Orrin Hatch we believe who was paid by Monsanto who had now bought Searle. Today they have sold to four entities including Ajinomoto and Merisant.

We have added most of the original government documents to web, perhaps the reason Dr. Brady appears not to want people to check out the Internet. If he is really sincere about wanting to educate diabetics perhaps he should get on the Internet and also get copies of medical texts on the subject. This includes Excitotoxins: The Taste That Kills by neurosurgeon Russell Blaylock, M.D.
<http://www.sunsentpress.com>www.sunsentpress.com If he wants scientific peer reviewed studies here's the research Dr. Ralph Walton did for 60 Minutes in 1996 when Dr. John Olney made world news on the aspartame brain tumor connection. Aspartame breaks down to DKP, a brain tumor agent.
<http://www.dorway.com/peerrev.html>http://www.dorway.com/peerrev.html
Here's 13 more studies in the last 24 months showing aspartame
toxicity:
<http://www.mpwhi.com/13_aspartame_research_studies.htm>http://www.mpwhi.com/
1
3_aspartame_research_studies.htm

How bad can it get? Here is the Trocho Study showing the formaldehyde converted from the free methyl alcohol embalms living tissue and damages DNA:
<http://www.mpwhi.com/formaldehyde_from_aspartame.pdf>http://www.mpwhi.com/fo
r

000035

maldehyde_from_aspartame.pdf
I spoke to the researcher when I was in Barcelona and he told me aspartame can kill 200 million. It already has, all you have to do is read the medical text and see how many neurodegenerative diseases and tumors it causes. Some women have lost as many as 8 babies on aspartame because its an abortifacient, with no warning on the label.

If you want to know how the aspartame industry fixes studies to attempt to show an addictive excitoneurotoxic carcinogenic drug shows safety, read some of these which explain the process:
<http://www.holisticmed.com/aspartame/abuse/seizures.html>http://www.holistic
m
ed.com/aspartame/abuse/seizures.html

These are the ones on seizures. If you want more just let me know.
They are pro's at flawed studies. In fact, the FDA audit, the Bressler Report is included in this article where I showed the FDA admitted to destroying incriminating aspartame information that was left out of that report:
<http://www.mpwhi.com/fda_gate.htm>http://www.mpwhi.com/fda_gate.htm

As to economics, its about time there is concern about the mass poisoning of the public with this deadly poison. You will notice in this New York Times article after Dr. Soffritti did the Ramazzini Study peer reviewed by 7 world experts showing aspartame to be a multipotential carcinogen, the FDA was asked why they didn't ban aspartame:
<http://www.nytimes.com/2006/02/12/business/yourmoney/12sweet.html?
pagewanted=all>http://www.nytimes.com/2006/02/12/business/yourmoney/12sweet.h
t
ml?pagewanted=all

Notice the only concern of the FDA was the economics of the manufacturers. The FDA should be so concerned about safe food and drugs and the health of a nation, and even the world.

When I lectured in New Zealand when Abby Cormack almost died from Wrigley's aspartame gum
<http://www.mpwhi.com/abby_cormack_story.htm>http://www.mpwhi.com/abby_cormac
k
_story.htm
I spoke with Food Standards. They assured me there had been no studies in NZ and they relied on the FDA. So the FDA is responsible for all these sick people like Abby because they lied about aspartame safety. Because of the publicity in NZ a lot of companies are taking a stand and warning about aspartame:
<http://www.mpwhi.com/beginning_to_feel_like_victory.htm>http://www.mpwhi.com
/
beginning_to_feel_like_victory.htm
The Safe Food Campaign of New Zealand has a petition for ban.
<mailto:alison@safefood.org.nz>alison@safefood.org.nz Here is the whole New Zealand story published in "Investigate" - Dying For a Diet Coke, by journalist extraordinaire , Chris Wheeler, Mission Possible New Zealand:
<http://www.rense.com/general78/dying.htm>http://www.rense.com/general78/dyin
g
.htm

Understand until Don Rumsfeld (Rumsfeld's Plague) the FDA did speak out about aspartame. Here is what their FDA toxicologist told Congress:

On August 1, 1985 the FDA's own toxicologist, Dr. Adrian Gross, told Congress at least one of Searle's studies "has established beyond ANY REASONABLE DOUBT that aspartame is capable of inducing brain tumors in experimental animals and that this predisposition of it is of extremely high significance. ... In view of these indications that the cancer causing potential of aspartame is a matter that had been established WAY BEYOND ANY REASONABLE DOUBT, one can ask: What is the reason for the apparent refusal by the FDA to invoke for this food additive the so-called Delaney Amendment to the Food, Drug and Cosmetic Act?"

The Delaney Amendment makes it illegal to allow any residues of cancer causing chemicals in foods. In his concluding testimony Gross asked, "Given the cancer causing potential of aspartame how would the FDA justify its position that it views a certain amount of aspartame as constituting an allowable daily intake or 'safe' level of it? Is that position in effect not equivalent to setting a 'tolerance' for this food additive and thus a violation of that law? And if the FDA itself elects to violate the law, who is left to protect the health of the public?" Congressional Record SID835:131 (August 1, 1985)

So here is the admission by the FDA toxicologist who was on site that the FDA violated the law, and that's why this deadly poison is on the market today.

Dr. John Olney who founded the field of neuroscience called excitotoxicity and tried to prevent approval, wrote a 49 page report to the Board of Inquiry on how it would destroy the brains of our children, and the unborn. Here is that report:
<http://www.wnho.net/dr_olney1.doc>http://www.wnho.net/dr_olney1.doc
Here's the Report For Schools, articles by renowned aspartame experts to save the children:
<http://www.mpwhi.com/report_on_aspartame_and_children.htm>http://www.mpwhi.c
o
m/report_on_aspartame_and_children.htm

This was necessary because Dr. Olney's prophecy was fulfilled and aspartame has destroyed a generation of children. It's an abortifacient and teratogen (triggers birth defects) and endocrine disrupting agent. Everything is a matter of public record.
Lobbyists, flacks, front groups, the manufacturers and paid prostitutes weave stories of deceit, but the simple truth is like Dr.
James Bowen told the FDA 20 years ago, aspartame is mass poisoning of the world:
<http://www.dorway.com/drbowen.txt>http://www.dorway.com/drbowen.txt

I hope you will continue to broadcast the facts and help the people of Hawaii know the truth and set the ones who use it free of their afflictions. Here is the paper by neurosurgeon Russell Blaylock, M.D., "What To Do If You Have Used Aspartame",
<www.wnho.net/wtdaspartame.htm>www.wnho.net/wtdaspartame.htm

If you wish to show the aspartame documentary, Sweet Misery: A Poisoned World, on TV please contact <http://www.soundandfury.tv>www.soundandfury.tv

All my best,

Betty

<outbind://91/www.mpwhi.com>www.mpwhi.com, www.dorway.com and <outbind://91/www.wnho.net>
www.wnho.net Aspartame Toxicity Center, <outbind://91/www.holisticmed.com/aspartame>
www.holisticmed.com/aspartame
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000037

mizuno1-Edgar

From: Fred & Barbara Metzler [bmetzler@verizon.net]
Sent: Monday, February 11, 2008 2:14 PM
To: HLTtestimony
Subject: Fwd: House Bill 2680 Please Handout

Re: House Bill 2680

PLEASE XEROX AS COMMITTEE HANDOUT FOR THIS HEARING.

PLEASE STOP ASPARTAME!!!!!

I would like to share my daughter's reaction to aspartame/NutraSweet with you.

More than 20 years ago, when my daughter was in her early 20's and studying for
a Master's Degree,
she noticed that she was experiencing bizarre symptoms that were quite alarming .

This truly bright girl – (whose college tuition was entirely funded by scholarships and who won a Telluride Association Scholarship in competition
with more than one million students from the entire US) –realized that she
was becoming very confused. She would go to a grocery store and couldn't
remember why she was there. She would be driving her car and couldn't remember how to get home. She had déjà vu experiences.

And she got much worse. In addition to her drastic personality change and
intellectual deterioration,

she had epileptic-type seizures,
she began to lose her vision in both eyes
she had severe headaches and trouble forming words, panic attacks, a rapid heart rate, tremors, tingling and numbness of the extremities, profound exhaustion and severe drowsiness, insomnia, suicidal thoughts
and numerous other problems including a very short temper, 000038

gastrointestinal
problems, and joint pains.

Her marriage ended and she lost her job.

She consulted a neurologist, and he told her that she had temporal lobe epilepsy.
He began treating her with medication, but the medication didn't work, because the doctor was wrong in his diagnosis and he was treating her for a
condition she didn't have! What she really had was ASPARTAME POISONING/TOXICITY!

I had heard about Dr. H. J. Roberts (Florida), so I contacted him and he confirmed what I suspected – that she was suffering from a reaction to the
artificial sweetener in diet soda. My daughter owes her life to Dr. Roberts, because thanks to him, she stopped drinking diet soda, and gradually, every one of her problems disappeared. Today, she is a successful computer programmer and financial analyst.

It took a year or more for all her symptoms to vanish. She got better slowly with bad days thrown in.

To follow up, we took her to Boston for special studies on her brain, and the doctors confirmed that it was the NutraSweet that had made her so sick.
They said that she had been totally misdiagnosed by the neurologist and that
she did not have temporal lobe epilepsy at all. (These men were in the Clinical Research Center at the Massachusetts Institute of Technology.). We also took her to a highly-respected ophthalmologist who
explained why her vision loss was due to aspartame.

She was fine for 12 years. Then, she began
drinking diet soda again and had the same severe reaction. Luckily, we realized what was happening to her and were able to convince her to stop
using NutraSweet. Why did she start again? It's addictive!

000039

Many other members of our family also have noticed a reaction to NutraSweet.
I get severe classic migraines from diet soda – my son, who is a physician and pharmacist,
can't see to drive if he drinks diet soda – another young man in the family,
a lawyer, had double vision. His ophthalmologist thought he had a brain tumor, but all the tests were negative. He stopped drinking diet soda, and
within 3 months, the double vision was gone. My sister-in-law acted like a
"raving maniac" when she drank diet soda.

And, by talking to others in my community for 20+ years, I have learned that
reactions to NutraSweet are quite common.

Unfortunately, most physicians are clueless when it comes to connecting the
many symptoms of NutraSweet poisoning/toxicity with the consumption of what
is supposedly a safe substance.

By approving NutraSweet, the FDA caused many problems for many innocent
people.

Because my daughter was so disabled by diet soda, she lost at least $50,000
in wages she would otherwise have earned. And, the years of heartbreak that
her father and I had to endure can never be erased from our memories.

The FDA should be protecting Americans, but sadly, Americans have to protect
themselves because.....

The Golden Rule is that "He who has the gold makes the rules." And, this is evident in the way in which the FDA approved aspartame in the first place.

What I have told you is simply the tip of an enormous iceberg. The FDA should be protecting all families from a deadly neurotoxin that destroys brains, nervous systems and optic nerves. What's done should be "un" done. The FDA has new employees who need to protect Americans from the mistakes of the former FDA employees!!!

Hawaii can be the LEADER in this endeavor!!! STOP ASPARTAME!!!

Barbara Metzler

PO Box 101

Brookside, NJ 07926

973-543-4645

bmetzler@verizon.net

All this happened to my daughter 20 years ago, long before I had a computer and could check out aspartame there. I had to spend an entire year writing to doctors and scientists and congressmen to learn about aspartame. When my daughter recovered by stopping diet soda (and she only drank 1 or 2 cans a day), I knew that I had to fight aspartame for the sake of others.

000041

mizuno1-Edgar

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:15 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: from HJ ROBERTS, INTERNIST, TOP ASPARTAME EXPERT IN USA HB 2680 to ban aspartame, House Health Committee, Friday, 8:00 AM (Roberts/Martini)

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: LEHNER@CAPITOL.HAWAII.GOV
Sent: Fri, 8 Feb 2008 17:45:49 -0600
Subject: Fw: HB 2680 to ban aspartame, House Health Committee, Friday, 8:00 AM (Roberts/Martini)

---------- Forwarded Message -----------
From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
To: ddepledge@honoluluadvertiser.com
Sent: Thu, 07 Feb 2008 22:12:37 -0500
Subject: HB 2680 to ban aspartame, House Health Committee, Friday, 8:00 AM (Roberts/Martini)

Date: Thu, 07 Feb 2008 20:51:40 -0500

From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
Subject: HB 2680 to ban aspartame: Room 329, 8:00 AM, Friday, House Health Committee, From H. J. Roberts, M.D.

To: repgreen@Capitol.hawaii.gov, bettym19@mindspring.com, hjrobertsmd@aol.com
Subject: removal of aspartame products
Date: Thu, 07 Feb 2008 20:06:32 -0500

From: hjrobertsmd@aol.com

Dear Dr. Green,

I strongly urge the removal of aspartame products frim the market in Hawaii, based on clinical observations and extensive corporate-neutral research on aspartame disease for over a quarter century. The medical and public health basis for this recommendation has been detailed in my numerous original articles/letters and four books -- ioncluding the 1000-page text "Aspartame Disease: An Ignored Epidemic.

The widespread existence of severe reactions to aspartame products remains a tragedy and disgrace that not only has endangered our population, but also future generations. The FDA has failed to act on the matter notwithstanding an enormous amount of clinical and scientific evidence. My data base alone reflects over 1400 victims.

I admire your courage and that of your colleagues in tackling this issue despite the inevitable corporate and political pressures to ignore it. You are essentially pioneering the correction of a major public health problem for the entire country... and the world.

I extend my best wishes.

H. J. Roberts, M.D., FACP, FCCP

Date: Thu, 07 Feb 2008 15:34:15 -0500
To: repgreen@capitol.hawaii.gov,repmizuno@capitol.hawaii.gov

000042

From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
Subject: HB 2680 to ban aspartame: Room #329: 8:00 AM Friday, House Health Committee: Please copy as committee handout for this hearing.

To The Honorable Rep Josh Green, M.D., and Honorable John Mizuno, Vice Chair:

I'm the founder of Mission Possible International, a global non-profit volunteer force with operations in 38 nations warning the world off aspartame marketed as NutraSweet, Equal, Spoonful, Canderel, E951. I work with the world experts on aspartame who write the medical texts and the many reports you see on the web sites below.

Why is it necessary to have operations all over the world to warn the public against aspartame? Because its not an additive but a deadly addictive excitoneurotoxic carcinogenic drug that interacts with drugs and vaccines. It's an abortifacient and a teratogen and has damaged a generation of children with autism, ADD, ADHD, and all sorts of behavioral and psychiatric problems. The experts have written articles to explain how it destroys their brains called Report for Schools: http://www.mpwhi.com/report_on_aspartame_and_children.htm There is not even a warning on the label for pregnant women. Some women never get to have families because its also an endocrine disrupting drug, stimulates prolactin and change the menses causing infertility.

According to the prestigious Ecologist aspartame started out as a biochemical warfare weapon, listed with the pentagon and submitted to Congress: http://www.mpwhi.com/ecologist_september_2005.pdf Do you really want this chemical poison in Hawaii? This 17 page cover story has a complete time line.

First of all, it violates adulteration statutes: http://www.rense.com/general67/aspar.htm This was even admitted by the National Soft Drink Assn in their protest which was added to the congressional record of May, 1985. Since you can't ship anything for sell adulterated it violates Interstate Commerce laws.

You should have been given one of the aspartame documentaries: Sweet Misery: A Poisoned World. Here is the clip, James Turner, Atty, explaining how Don Rumsfeld got this on the market through political chicanery after the FDA said no: http://www.soundandfury.tv/pages/rumsfeld.html Here is the actual Board of Inquiry Report of the FDA where they revoked the petition for approval because it couldn't be proven safe: http://www.mpwhi.com/fda_petition1.doc

You're concerned in Hawaii about the growing epidemic of diabetes and obesity and aspartame is the main culprit. It can precipitate diabetes, simulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve from the free methyl alcohol, causes diabetics to go into convulsions and even interacts with insulin. Here is an excellent letter written to Senator Ortiz y Pino in New Mexico on the subject by a physician in Hawaii, Dr. James Bowen, who is not only diabetic but has Lou Gehrigs from aspartame. Twenty years ago he told the FDA it was mass poisoning of the American public and over 70 countries of the world: http://www.wnho.net/letter_to_senator_goyp_concerning_aspartame.htm

Diabetic specialist, H. J. Roberts, M.D., wrote the medical text, Aspartame Disease: An Ignored Epidemic, www.sunsentpress.com 1000 pages of diseases and horrors triggered by this poison. He not only has a chapter on diabetes but also obesity. Aspartame makes you crave carbohydrates so you gain weight. We call it "low cal weight gain". To make matters worse the formaldehyde converted from the free methyl alcohol embalms living tissue and damages DNA. As you know when you damage DNA you can destroy humanity. Here is the Trocho Study which shows most toxicity is in the liver but also substantial amounts it in the brain, kidneys, retina and adipose tissue or fat cells. http://www.mpwhi.com/formaldehyde_from_aspartame.pdf There is a page in Dr. Roberts medical text on pre-embalming. When I was in Barcelona I spoke with Dr. Alemany who said, "Betty, aspartame is going to kill 200 million people." I said, "Dr. Alemany, it has already killed 200 million people." Many of the diseases it triggers are fatal, and its an abortifacient, and multipotential carcinogen. Even in original studies it triggered brain, mammary, uterine, ovarian, testicular, pancreatic and thyroid tumors for starters.

In the 2004 Diabetes Report from the Hawaii Department of Health it states approximately 100,000 people in Hawaii have diabetes and more than 900 die every year of related complications. It' the seventh

000043

leading cause of death. This report calls it a common and costly disease. It doesn't have to be. The American Diabetes Assn pushes NutraSweet on diabetics. In fact in 2004 Rico charges were filed against them. Even though they got out of it they continue to push it because they receive money from the manufacturers and industry. Dr. Roberts was a member of the ADA for 35 years and wrote them constantly. They even refused to publish his abstract of diabetic aspartame reactors and it was published in Clinical Research. Aspartame is triggering the complications that is causing diabetics to die. Some think diabetics go blind because they are diabetic. The reason so many are going blind is the free methyl alcohol converts to formaldehyde and formic acid even in the retina of the eye and destroys the optic nerve. It causes everything from retinal detachments and optic neuritis to macular degeneration and blindness. The late Dr. Morgan Raiford, ophthalmologist and specialist in methanol toxicity, said that if we could warn people in time and vision is in the wet stage their vision can return. Indeed, we've had several who were legally blind have their vision restored because we got to them in time. Stop this plague in Hawaii by simply banning aspartame.

Neurosurgeon Russell Blaylock, M.D., said in his definitive medical text, "Health & Nutrition Secrets To Save Your Life", www.russellblaylockmd.com, page 125: "So in the case of diet drinks in aluminum cans, the very toxic brain aluminum fluoride compound co-exists with multiple toxins found in aspartame, thus creating the most powerful government approved toxic soup imaginable. With the strong association between aluminum, excitotoxins, aluminum fluoride complexes and Alzheimer's disease, it would be completely irresponsible to encourage people to consume this toxic mixture." The aspartic acid in aspartame is an excitotoxin or product that literally stimulates the neurons of the brain to death causing brain damage of varying degrees. "Excitotoxins: The Taste That Kills" by Dr. Blaylock.

You might be interested to know how aspartame is made. It's genetically engineered in E.coli bacteria. Dr. Bill Deagle has seen the vats of toxic sludge and says its pressed into a white powder. Here is what he wrote to me:

Paragraph on Genetically Engineered Aspartame producing bacterial technology in Aiken, S.C.:

"Most people when asked how Aspartame is made do not have the first step of understanding. While an E.R. doctor and primary care physician in Augusta, GA in 1987 and 1988, I was told a number of interesting facts about the adjacent Aspartame factory. Bacteria with genes inserted generate a sludge which is centrifuged to remove the aspartame and many hundreds of contaminant organic and amino acids are present. We were told not to report illness or worker's compensation issues for fear of being fired by the hospital, now the Augusta Regional Medical Center. Many of their employees presented with psychiatric, neuropathy conditions, chronic fatigue and organic cases of loss of cognitive function. This powder from the dried sludge was then transported for packaging in factories elsewhere in the US, before sale as Equal and now the myriad of names of this neurotoxin." Bill Deagle, M.D., 888 212 8871

A new study just recently linked diet cola to heart disease and diabetes: http://www.rense.com/general80/meat.htm Notice below the article I've listed the URL's of articles by the experts on how aspartame triggers cardiac problems and also sudden death, one of the reasons so many athletes are dropping dead. Last summer there was another one in Boston which also showed these findings. Sharon Fowler at the University of Texas did an epidemiological study on 8 years of data linking diet soda to diabetes.

Dr. James Bowen points out that "aspartame is a known destroyer of DNA. The mitocondrial DNA (MtDNA) is especially damaged, yielding the present epidemic of diseases aspartame consuming mothers pass on to figure generations. Aspartame also directly damages the mitochondria, thus having a "double whammy" effect on mitochondrial function! The summation of these many known severe toxicities and its immune, genetic, mitochondrial, and metabolic damages, show that aspartame will not only cause many diseases, which the FDA and CDC have already noted but it has pathways of approach to interact adversely with every conceivable pharmaceutical."

So of what use is aspartame? It kills rats as discussed in the FDA audit: http://www.dorway.com/bressler.txt This report really gives the manufacturer indigestion. Further Jerome Bressler told me that the studies were so bad they left out to mice studies, 20% of the worst. http://www.mpwhi.com/fda_gate.htm Even twelve toxicologists have asked for a ban: http://www.mpwhi.com/aspartame_letter_to_fda.pdf It is also very effective in killing fire ants. Dr. Soffritti wrote in the Ramazzini study even the rats hair turned yellow from the formaldehyde. I told the manufacturer all they have to do is change the label and make it a rat poison. It should have a label to keep out of reach of humans.

For Aspartame in Brief: http://www.mpwhi.com/aspartame_in_brief.htm

Let Hawaii show the planet they can get rid of this poison that as Dr. Bowen told the FDA is mass poisoning of the world. Mission Possible International is dedicated to the proposition that disability and death are not acceptable costs of business.

All my best,
Dr. Betty Martini, D.Hum, Founder
Mission Possible International
9270 River Club Parkway
Duluth, Georgia 30097
770 242-2599
www.mpwhi.com, www.dorway.com and www.wnho.net Aspartame Toxicity Center,
www.holisticmed.com/aspartame
------- End of Forwarded Message -------
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000045

mizuno1-Edgar

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:18 PM
To: HLTtestimony
Subject: Letter Dr. Ralph Walton sent to the House Health Committee in Hawaii

Letter Dr. Ralph Walton sent to the House Health Committee in Hawaii

>From Ralph Walton, M.D.
Subject: copy of letter I sent re Hawaii ban
Date: Thu, 7 Feb 2008 11:35:02 -0500

I would like to vigorously support the proposed ban on aspartame.

For the past 20 years I have written about the very significant health hazards of this artificial sweetener. I am convinced that it can lower seizure threshold, mimic or exacerbate multiple neuropsychiatric disorders, contribute to the risk for certain cancers, and paradoxically increase appetite and thus play a significant role in the worldwide epidemic of obesity and type 2 diabetes.

The aspartame industry will undoubtedly cite the many studies attesting to safety. It is important to recognize however that virtually all such studies were funded by the industry. Nearly all independently funded studies identify one or more problems.

Ralph G. Walton, M.D.

Former Professor and Chairman,

Department of Psychiatry

Northeastern Ohio Universities College of Medicine

Medical Director,

Safe Harbor Behavioral Health

Ralph G. Walton M.D.
Safe Harbor Behavioral Health
1330 West 26th Street
Erie, PA 16508
www.safeharborbh.org
814.459.9300
------- End of Forwarded Message -------
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000046

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:20 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: Fw: Re: House Bill 2680, the room number #329, and 8: AM Friday.

Sent: Mon, 11 Feb 2008 18:18:44 -0600
Subject: Fw: Re: House Bill 2680, the room number #329, and 8: AM Friday.

>
>Dear Senators and Representatives:
>
>I am writing to tell you of the dangers of aspartame in the human diet.
>I have a personal story to tell and one of 2 friends who have suffered
>at it's hands.
>
>My husband works in Air Traffic Control in Gatwick, West Sussex,
>England and as you can imagine he is in a fairly stressful job. He had
>been trying to lose some weight and decided to start drinking a
>low-calorie diet drink - he always drinks a vast amount of fluids so he
>was changing to over 2 litres a day of this poison. He been drinking it
>for a number of months and we didn't notice anything at first until one
>day he started getting rather high - hypertensive and elevated.
>
>He came home one day and started saying things that didn't make sense,
>I wasn't at all sure what was going on at first as I had a personal
>tradegy to deal with at the time which didn't help. The next day he
>came to pick me up from a friends and he was late, he is never late and
>he was very florrid. By the evening he had got worse and was maniacally
>laughing, I called for medical help and he was eventually sectioned, he
>took 3 months off work trying to recover, he could hardly climb the
>stairs and he was PUTTING ON weight.
>
>I found out about aspartame purely by accident by researching something
>else. I told him to come off it immediately and the results were
>miracalous! He could climb the stairs and he was a different man - this
>happened in the psace of a few days!!! He had no history of mental
>illness so we can only presume it was the aspartame - and he has stayed
>well ever since. PLEASE BAN THIS DEADLY NEURO-TOXIN.
>
>My other friend kept getting admitted to the hospital with severe
>stomach pains and there seemed to be no real medical basis for it -
>this had been happening for 6 months - I checked what she was eating
>and noticed she had been consuming her favourite mints LOADED WITH
>ASPARTAME. She stopped eating them and has never been back to the
>hospital since.
>
>A young teenage student of mine had mulitple symptoms, lose of feeling
>in her hands, disrupted periods, enormous weight gain - She came off
>diet drinks and lo and behold... she lost the weight and health is back
>to normal. For a teenager it was very scary to not know what is wrong
>with you when she was embarking on a acting and singing career.
>
>DO THE RIGHT THING, AND SAVE THE PEOPLE OF THIS PLANET.
>
>Thank-you
>
>
>Mrs Kim Dixon
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000047

------- End of Forwarded Message -------
------- End of Forwarded Message -------

000048

mizuno1-Edgar

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:21 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: Namaste Publishing to the Hawaii House Committee on Health: Bill to Ban Aspartame

Subject: Namaste Publishing to the Hawaii House Committee on Health: Bill to Ban Aspartame

----- Original Message -----
From: <mailto:info@namastepublishing.co.uk>Namaste Publishing
Cc: <mailto:repward@Capitol.hawaii.gov>repward@Capitol.hawaii.gov ; <mailto:reptokioka@Capitol.hawaii.gov>reptokioka@Capitol.hawaii.gov ; <mailto:reprhoads@Capitol.hawaii.gov>reprhoads@Capitol.hawaii.gov ; <mailto:repcabanilla@Capitol.hawaii.gov>repcabanilla@Capitol.hawaii.gov ; <mailto:repbertram@Capitol.hawaii.gov>repbertram@Capitol.hawaii.gov ; <mailto:repbelatti@Capitol.hawaii.gov>repbelatti@Capitol.hawaii.gov ; <mailto:repawana@Capitol.hawaii.gov>repawana@Capitol.hawaii.gov ; <mailto:repmizuno@Capitol.hawaii.gov>repmizuno@Capitol.hawaii.gov ; <mailto:repgreen@Capitol.hawaii.gov>repgreen@Capitol.hawaii.gov
Sent: Thursday, February 07, 2008 11:08 PM
Subject: House Bill 2680 to all commitee members URGENT

TO Hawaii REPRESENTATIVES,
HEALTH COMMITTEE

From Namaste Publishing Co, Shrewsbury, England

In the UK we have been at the forefront of the anti-aspartame movement, having researched its fraudulent history we know that in the UK that it has not been tested - the authorities here have relied entirely on the American testing procedures.

In 2000 and 2002 Namaste co-ordinated two UK Lecture Tours for Betty Martini (founder of (Mission Possible International) making in depth presentations with Congressional records and the orginal CDC report as evidence on the adverse health effects of aspartame. The evidence clearly shows that aspartame was never and can never be proven safe!

The Namaste Team have worked with campaigners in Scotland and Wales, Ireland and France as well as working with Additives Survivors' Network UK and Green Network.

We know of many victims whose lives have changed and in many cases have been saved when they have stopped consuming products containing aspartame.

Our publication has contained regular articles over the last 10 years which clearly provide our readers with evidence of the toxicity of aspartame. We are currently running a campaign to free Diane Fleming, a lady imprisoned in America whose husband died of menthanol toxicity caused by the ingestion of aspartame. Aspartame breaks down to methanol in the body and Diane Fleming was unjustly accused of poisoning her husband Chuck Fleming without evidence clearly a political situation to prevent the truth of aspartames fatal effects from being exposed.

Therefore with reference to your vote regarding the banning aspartame on Friday 8th February, we look to you to set a precedent to enforce a total ban on this toxic product which is marketed as a sweetener.

Yours Faithfully

Carl Sims (Editor and publisher)
and The Namaste Team

000049

------- End of Forwarded Message -------

mizuno1-Edgar

From: RWalton193@aol.com
Sent: Monday, February 11, 2008 2:22 PM
To: HLTtestimony
Subject: (no subject)

Dear Dr. Green:
I understand that as part of your deliberation regarding the possibility of banning aspartame use in Hawaii you wish to hear from professionals who have done research on this issue.

My first publication on adverse reactions to this artificial sweetener was a case report: Walton, R.G. Seizure and Mania after High Intake of Aspartame Psychosomatics March 1986 27(3) 218-220. I concluded that my patient's clinical course could best be accounted for by her aspartame intake. One of the reviewers for this paper was Dr. Richard Wurtman, Chairman of the Department of Cognitive Sciences at M.I.T. Dr. Wurtman contacted me and asked me to keep track of other patients with seizures which I felt could be related to aspartame consumption. I did so and was eventually invited by Dr. Wurtman to present a paper at an M.I.T. conference - "Dietary Phenylalanine and Brain Function" held May 8-10, 1987. That paper forms the basis of a chapter in a book edited by Dr.Wurtman: Walton, R.G. Chapter 18 The Possible Role of Aspartame in Seizure Induction; WurtmanR.J., Ritter-Walker,E. Dietary Phenylalanine and Brain Function. Boston Birkhauser 1988. Although at that time I felt aspartame was a "possible" trigger my subsequent clinical experience over the past 20 years has, in my mind transformed that "possibility" into a certainty.

In both of my original papers I suggested that appropriate double blind studies needed to be done. I undertook such a study, which was published in Biological Psychiatry in 1993: Walton, R.G. Hudak,R.Grrene-Waite, R. Adverse Reactions to Aspartame:Double Blind Challenge in Patients from a Vulnerable Population. Biological Psychiatry, 1993;34:13-17. My hypothesis in this study was that since aspartame led to an increase in norepinephrine precursors, coupled with a simultaneous decrease in serotonin precursors, the potential alteration in central nervous system catecholamine/indoleamine balance would pose a special challenge for patients with a mood disorder. I was not prepared for the severity of adverse reactions, which led the I.R.B. to appropriately put an early end to the study. Despite the resultant small "n" the findings were still statistically significant, demonstrating that patients with affective disorder were particularly vulnerable to a wide range of adverse reactions.

One unexpected event was that 2 study participants experienced opthalmologic emergencies - one, a 42 year old psychologist with no history of eye problems experienced a retinal detachment and required emergency surgery and a 40 year old nurse for the first time in her life had a conjunctival hemorrhage. For statistical purposes these events were recorded as occurring during the placebo arm, but there was concern that these problems may have been initiated during the aspartame arm, which they had both just completed. My own belief is that these problems were related to the methanol produced by their aspartame consumption, although this was of course not one of the conclusions of the study.

There will undoubtedly be a great deal of pressure from the aspartame industry, which will point to the hundreds of studies attesting to their product's safety. It is important to bear in mind, however, that virtually all of these studies were funded by the industry, whereas essentially all independently funded studies identify one or more problems. I pointed this out to Mike Wallace in 1996 when he was interviewing me for a 60 Minutes segment on aspartame. He challenged me on this so I prepared a chart documenting my claim. This chart was included in the 60 Minutes story and is still available on the internet.

In summary, Dr. Green, after studying and researching this question for over 20 years, it is my firm conviction that aspartame lowers seizure threshold, mimics or exacerbates a wide variety of neuropsychiatric disorders, contributes to the incidence of certain cancers, and because of it's impact on the hypothalamic "appestat" plays a significant role in the world-wide epidemic of obesity and type 2 diabetes. It should definitely be banned.

Thank you for your attention to this most urgent public health issue.

Yours sincerely,

000051

Ralph G. Walton, M.D.
Medical Director, Safe Harbor Behavioral Health
Adjunct Professor of Psychiatry, Lake Erie College of Osteopathic Medicine
Former Professor and Chairman,
Department of Psychiatry,
Northeastern Ohio Universities College of Medicine

Who's never won? Biggest Grammy Award surprises of all time on AOL Music.

000052

mizuno1-Edgar

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:22 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: Fw: repmizuno@Capitol.hawaii.gov ,repawana@Capitol.hawaii.gov, repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii.gov ,reprhoads@Capitol.hawaii.gov ,reptokioka@Capitol.hawaii.gov ,repward@Capitol.hawaii.gov,senbake

ATT168183527.htm
(27 KB)

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: HEALTHTESTIMONY@CAPITOL.HAWAII.GOV
Sent: Mon, 11 Feb 2008 17:35:09 -0600
Subject: Fw: repmizuno@Capitol.hawaii.gov ,repawana@Capitol.hawaii.gov, repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii.gov ,reprhoads@Capitol.hawaii.gov ,reptokioka@Cap itol.hawaii.gov ,repward@Capitol.hawaii.gov,senbaker@Capitol.hawaii.gov , senmenor@Capitol.hawaii.gov,senwhalen@Capitol.hawaii.gov

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: LEHNER@CAPITOL.HAWAII.GOV
Sent: Fri, 8 Feb 2008 17:49:47 -0600
Subject: Fw: repmizuno@Capitol.hawaii.gov ,repawana@Capitol.hawaii.gov, repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii.gov ,reprhoads@Capitol.hawaii.gov ,reptokioka@Cap itol.hawaii.gov ,repward@Capitol.hawaii.gov,senbaker@Capitol.hawaii.gov , senmenor@Capitol.hawaii.gov,senwhalen@Capitol.hawaii.gov

---------- Forwarded Message -----------
From: kpstollermd@aol.com
To: repgreen@Capitol.hawaii.gov, sendige@Capitol.hawaii.gov, senfukunaga@Capitol.hawaii.gov
Sent: Tue, 05 Feb 2008 21:02:29 -0500
Subject: repmizuno@Capitol.hawaii.gov ,repawana@Capitol.hawaii.gov, repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii.gov ,reprhoads@Capitol.hawaii.gov ,reptokioka@Cap i tol.hawaii.gov ,repward@Capitol.hawaii.gov,senbaker@Capitol.hawaii.gov , senmenor@Capitol.hawaii.gov,senwhalen@Capitol.hawaii.gov

David Y. Ige Chairman of Senate Health Committee 16th Senatorial District Hawaii State Capitol, Room 215
415 South Beretania Street
Honolulu, HI

Josh Green, M.D.
Hawaii State Capitol, Room 327
415 South Beretania Street
Honolulu, HI 96813
Dear Dr. Green, Chairman Ige, Vice Chair Fukunaga and Honorable Members of the House Health Committee:

I am a board certified physician in both pediatric and Hyperbaric medicine.
I
was a student of Dr. Arthur Hull Hayes, Jr, the FDA Commissioner responsible fro approving the toxin aspartame to be used in the USA.

I know your time is valuable so in one sentence I will tell you that aspartame has a long well documented legacy showing it is both a neurotoxin and carcinogen that should never, ever have been approved to be fit for human consumption and I strongly encourage you to vote to have this substance banned from your shores.

What follows is a detailedÂ and technical explanation of just how toxic aspartame is. Dr. Green will understand this, I ask the rest of the Health Committee to do the right thing. Please.

Thank you in advance

K Paul Stoller, MD
President International Hyperbaric Medical Association Medical Director, Hyperbaric Med Ctr New Mexico Medical Director, Hyperbaric Oxygen Clinic Sacramento
404 Brunn School Rd #D, Santa Fe, NM 87505

In October 1980 the Public Board of Inquiry (PBOI) impaneled by the FDA to evaluate aspartame safety found that the chemical caused an unacceptable level of brain tumors in animal testing. Based on this fact, the PBOI ruled that aspartame should not be added to the food supply.

This ruling culminated 15 years of regulatory ineptitude, chicanery and deception by the FDA and the Searle drug company, aspartameâ€™s discoverer and manufacturer (acquired by Monsanto in 1985), and then started the ball rolling on two additional decades of maneuvering, manipulating and dissembling by FDA, Searle and Monsanto.

In 1965, a Searle scientist licked some of a new ulcer drug from his fingers and discovered the sweet taste of aspartame. Searleâ€™s early tests showed that aspartame produced microscopic holes and tumors in the brains of experimental mice, epileptic seizures in monkeys, and was converted into formaldehyde.

In 1974 the FDA approved aspartame as a dry-foods additive. The renowned brain researcher, John Olney from Washington University in St. Louis reviewed the available data and discovered two studies showing brain tumors in rats and petitioned the FDA for a public hearing. Dr. Olney had already shown that aspartic acid (part of the aspartame molecule) caused holes in the brains of rats. Aspartame also is one part phenylalanine, and and one part methyl (or
wood) alcohol.

The FDA prevailed on Searle to refrain from marketing aspartame until after completion of the hearing.Â In 1975, an FDA Special Commissionerâ€™s Task Force reported serious problems with Searleâ€™s research that was conducted in a manner so flawed as to raise doubts about aspartame safety and create the possibility of serious criminal intent. The FDA asked the U.S. Attorney for Chicago to seek a grand jury review of the monkey seizure study, but he let the statute of limitations run out, then (along with two aides) proceeded to join Searleâ€™s law firm.

In October 1980, the PBOI blocked aspartame marketing until the tumor studies could be explained, and unless the commissioner overruled the board, the matter was closed. In November 1980, Ronald Reagan was elected President and Donald Rumsfeld, president of Searle, joined the Reagan White House. In January 1981 Rumsfeld told a sales meeting that he would call in his chips and get aspartame approved â€" Dr. Arthur Hull Hayes, Jr. a pharmacologist and Defense Department contract researcher became FDA commissioner and his first decision was to defy FDA advisers and approved aspartame for dry foods.
His last decision, before leaving his post because of improprieties was to approve aspartame for soft drinks in 1983. He immediately became senior medical adviser to Searleâ €™s public relations firm for $1000/day. Rumsfeld received a $12 million bonus.

As soon as soft drinks with Nutrasweet began to be consumed, complaints began to arrive at the FDA â€" dizziness, blurred vision, headaches, and seizures.
The complaints were more serious than the FDA has ever received on any food additive. In 1985, the FDA asked the Centers fo Disease Control (CDC) to review the first 650 complaints (there are now tens-of-thousands). CDC found that the symptoms in ~25% of cases stopped and then restarted with discontinuing the use of aspartame and then restarting its use. The day the FDA released the CDC report, which they discounted, Pepsi Cola announced its switch to aspartame with a worldwide media blitz.

At the same time, human brain tumors rose 10% and previously benign tumors turned virulent. An FDAâ€™s deputy commissioner said the data posed no problem; he then became VP of clinical research for Searle.

Four hundred aspartame studies were done between 1985 and 1995.Â All the studies Searle paid for found no problem, but 100% of the studies paid for be non-industry sources raised questions.

The manifestations of aspartame disease in young children are myriad. They include severe headache, convulsions, unexplained visual loss, rashes, asthma, gastrointestinal problems, obesity, marked weight loss, hypoglycemia, diabetes, addiction (probably largely due to the methyl alcohol), hyperthyroidism, and a host of neuropsychiatric features.Â The latter include extreme fatigue, irritability, hyperactivity, depression, antisocial behavior (including suicide), poor school performance, the deterioration of intelligence, and brain tumors.

An average aspartame-sweetened beverage would have a conservative aspartame content of about 555 mg/liter, and therefore, a methanol equivalent of 56 mg/liter (56 ppm). For example, if a 25 kg child consumed on a warm day, after exercising, two-thirds of a two-liter bottle of soft drink sweetened with aspartame, that child would be consuming over 732 mg of aspartame (29 mg/kg). This alone exceeds what the FDA considers the 99+-percentile daily consumption level of aspartame. The child would also absorb over 70mg of methanol from that soft drink. This is almost ten times the Environmental Protection Agency's recommended daily limit of consumption for methanol.

To look at the issue from another perspective, the literature reveals death from consumption of the equivalent of 6 gm of methanol. It would take 200 12 oz. cans of soda to yield the lethal equivalent of 6 gm of methanol.
According to FDA regulations, compounds added to foods that are found to cause some adverse health effect at a particular usage level are actually permitted in foods only at much lower levels. The FDA has established these requirements so that an adequate margin of safety exists to protect particularly sensitive people and heavy consumers of the chemical. Section
170.22 of Title 21 of the Code of Federal Regulations mandates that this margin of safety by 100-fold below the "highest no-effect" level. If death has been caused by the methanol equivalent of 200 12 oz. cans of aspartame sweetened soda, one hundredth of that level would be two cans of soda. The relationship of the lethal dose to the "highest no effect" level has tragically not been determined for methanol but assuming very conservatively that the level is one hundreth of the lethal dose, the FDA regulations should have limited consumption to approximately 24 ounces of aspartame-sweetened soft drink per day.

The high ethanol/methanol ratio of alcoholic beverages must have a very significant protective effect given that ethanol antidotes methanol, so donâ€™t let the argument that methanol already exists in alcoholic beverages without untoward effects. This is absurd given that alcoholics have a much higher incidence of cancer and other degenerative diseases, none of which can be attributed to ethanol alone. In aspartame, the methanol is released, once in the body, unfettered by ethanol to be a pure poison.

The FDA allows a lower safety margin only when "evidence is submitted which justifies use of a different safety factor." (21.C.F.R.170.22) No such evidence has been submitted to the FDA for methanol. Thus, not only have the FDA's requirements for acute toxicity not been met, but also, no demonstration of chronic safety has been made. The fact that methyl alcohol appears in other natural food products does not exonerate its presence in aspartame, but increases greatly the danger of chronic toxicity developing by adding another unnatural source of this dangerous cumulative toxin to the food system.

Since the amino acid phenylalanine can be neurotoxic and can affect the synthesis of inhibitory monoamine neurotransmitters the phenylalanine in aspartame can mediate neurologic effects.

Chemicals and compounds that affect physiological systems are classified as drugs by the Food and Drug Administration (FDA), and are subject to considerably more demanding regulatory procedures than food constituents.
Moreover, because food additives must be shown to be physiologically inert in order to win initial FDA approval, once they have obtained this approval they are exempted from the requirement, imposed on all drugs, that their safety be continuously monitored: Companies

that manufacture and use approved food additives are not obligated to monitor adverse reactions associated with consumption of their product, nor to submit to the FDA reports of such adverse reactions; they also are not required to carry out further government-
mandated research programs to affirm their product's safety.

However, the consumption of a number of food additives can cause physiological effects, which include, for some, modification of the chemical composition and functional activities of the nervous system (1,2). Moreover, in the case of aspartame these neural effects were largely unexplored prior to the compound's addition to the food supply, and were not a factor in calculating the quantities that individuals can safely consume (the ADI, or acceptable daily intake, currently set for aspartame at 50Â Â mg/kg) (3).
The effects of aspartame, and of certain other food additives, like caffeine, involve subtler biochemical changes, as well as functional consequences that are demonstrable only in specially treated animals (4) (and possibly, by extrapolation, only in especially vulnerable people).

Although these physiological effects are unrelated to the reason that aspartame was placed in food, they have important health implications given the very large number of people who consume aspartame. If only 1% of the 100,000,000 Americans thought to consume aspartame ever exceed the sweetener's ADI, and if only 1% of this group happen coincidentally to have an underlying disease that makes their brains vulnerable to the effects of an aspartame-induced rise in brain phenylalanine levels, then the number of people who might manifest adverse brain reactions attributable to aspartame would still be about 10,000, a number on the same order as the number of neurologicaly related consumer complaints already registered with the FDA and other federal agencies (5,6).

Doses of aspartame, which are within the range actually consumed by some people can affect the chemical composition of the brain, and thereby contribute to particular CNS sidle effects, including headaches (7), inappropriate behavior responses (8,9), and seizures (10,11).

The major bio-chemical effect of aspartame, in humans, is to raise blood and, presumably, brain phenylalanine levels (12); in contrast, its main effect in rodents is to raise bloodÂ (and brain) tyrosine levels (13,14), and tyrosine is often the antidote to phenylalanine's effects on the brain. This species difference makes questionable the extrapolation of much of the rodent literature to humans.

The existence of this major metabolic difference between rodents and people underscores the point that only large-scale human studies could determine whether or not aspartame is risk-free. But aspartame cannot be shown to be risk-free, and its regulatory classification should be changed, for example, to that of a drug.
Â
The consumption of an aspartame-laden food or beverage contributes to the plasma the three natural compounds contained within the aspartame molecule:
the amino acids phenylalanine and aspartic acid, and the alcohol methanol (15), possibly as well as various peptides (like B-aspartame or the aspartyl- phenylalanine diketopoperazine that are formed from it spontaneously, on the shelf, or enzymatically, after its consumption).

Plasma phenylalanine levels are not regulated by any known homeostatic mechanism. At any particular time plasma levels simply reflect the amounts of phenylalanine being absorbed from the foods most recently eaten (16,17).
Consumption of the ADI aspartame dose is thus able to elevate plasma phenylalanine levels about threefold (18).

Consumption of dietary phenylalanine in the usual way, as a constituent of protein, does not elevate brain phenylalanine levels (19). This is because the protein elevates plasma levels of the other large neutral amino acids
(LNAA) (valine, leucine, isoleucine, tryptophan, tyrosine) more than those of phenylalanine. These other amino acids are considerably more abundant than phenylalanine in the protein, and the branched-chain amino acids, unlike phenylalanine, are largely unmetabolized when they pass through the portal circulation (20).

In contrast, consumption of phenylalanine in the form of aspartame, with the other LNAA, that are always present in proteins, elevates plasma phenylalanine levels without elevating those of the other LNAA, this causes marked elevations in the plasma phenylalanine ratio (the ratio of the plasma phenylalanine concentration to the summed concentrations of the other LNAA) (13).Â Aspartame is the only known phenylalanine-containing food that elevates this ratio.

An elevation in the plasma phenylalanine ratio causes a parallel rise in brain phenylalanine levels, since a single transport macromolecule within the endothelial cells lining the brain's capillaries mediates the uptake of all of the LNAA; this macromolecule is unsaturated at normal plasma LNAA levels; and each of the LNAA's compete for attachment to it, their success depending on their relative affinities for it and their plasma concentration relative to those of its competitor (4,21). The elevation in the plasma phenylalanine ratio also tends to reduce the corresponding ratios for the LNAA, thus decreasing their brain uptakes and tending to lower their brain levels (13). [Aspartame fails to lower brain tyrosine levels in the rat because the rat's liver hydroxylates dietary phenylalanine so rapidly that plasma tyrosine levels rise even more than those of plasma phenylalanine (13,14). However, in humans dietary aspartame probably reduces brain tyrosine uptake.] If an aspartame-containing beverage is consumed along with, for example, a carbohydrate-rich, protein-poor dessert food, its effects on brain phenylalanine are doubled (13). This is because the insulin secretion elicited by the carbohydrate selectively lowers plasma levels of the branched-chain amino acids (by facilitating their uptake into skeletal muscle), without having much of an effect on plasma phenylalanine; this increases the effect of the aspartame on the plasma phenylalanine ratio (17). A similar doubling may occur if the eater happens to be one of the perhaps 10 million Americans (22) who are, without knowing it, heterozygous for the phenylketonuria (PKU) gene.

Once within brain, neurons producing certain neurotransmitters, such as dopaminergic nigrostriatal cells, the excess phenylalanine can inhibit enzymes (like tyrosine hydroxylase) needed to synthesize the neurotransmitters. Excess circulating phenylalanine can also diminish the production of brain catecholamines and serotonin by competing with their precursor amino acids for transport across the blood-brain barrier.Â Hence, physiological processes that depend on the sustained release of adequate quantities of these transmitters can be affected.

One such process creates greater sensitivity to seizures (23). In humans, aspartame regardless the dose causes greater increases in plasma (and brain) phenylalanine than tyrosine. (As shown below, sufficiently high aspartame doses, which transiently exceed the liver's capacity to hydroxylate phenylalanine, can also potentiate seizures in rodents, whether these seizures are generated by drugs, electroshock, or inhalation of fluorothyl.)

All of these relationships have now been demonstrated; most recently, the ability of phenylalanine to suppress dopamine release (24)

The ability of aspartame intake to modify seizure susceptibility,Â their speed of onset, and the amount of convulsant required to produce the seizures among mice given treatments known to be epileptogenic has been looked at (25). In general, animals received various aspartame doses 1 hr before a CD50 dose of the seizure-inducing treatment, or a fixed aspartame dose 1 hr before various doses of the treatment. The number of animals in each treatment group exhibiting seizures in the next 60 min were counted (when the treatment was pentylenetetrazole), or the time passing until a given animal had a seizure (when the treatmentÂ was inhaled fluorothyl or electroshock). The aspartame doses used were those shown, in the mice, to cause bloodÂ phenylalanine levels to rise by at least as much as blood tyrosine, i.e., doses of 1000 mg/kg or greater.

Aspartame administration produced a dose-dependent increase in seizure frequency among animals subsequently receiving the CD50 dose of pentylenetetrazoleÂ (PTZ) (65 mg/kg) . At the 1000 and 2000 mg/kg aspartame doses, 78 and 100% of the animals experienced seizures, compared with 50% in the water-pretreated group. Other mice pretreated with a fixedÂ dose (1000 mg/kg) of aspartame, or with water, andÂ given various doses (50-75 mg/kg) of PTZ an hour later exhibited a significant leftward shift of the PTZ doseÂ response curve (. Enhanced susceptibility to PTZ-induced seizures was also observed among miceÂ pretreated with phenylalanine (in doses equimolar to effective aspartame doses), but not among animals pre-treated with aspartic acid or methanol. Coadministration with aspartame of the LNAA valine, which competes with phenylalanine for passage across the blood-brain barrier (4,21), protected mice from the seizure-promoting effects of the sweetener; in contrast, alanine, an amino acid which does not compete with phenylalanine for brain uptake, failed to attenuate aspartame's effect on PTZ-induced seizures.

The evidence does not indicate that aspartame itself causes seizures; rather it promotes seizures in animals that are already at risk (that is, animals treated with PTZ, fluorothyl, or electroshock). In a similar manner, it is possible that doses of the sweetener that cause a sufficient increase in brain phenylalanine might increase seizure frequency among susceptible humans, or might allow seizures to occur in people who are vulnerable but without prior episodes.

It is unfortunate but perhaps not surprising that questions about aspartame's phenylalanine-mediated neurologic effects arose after the sweetener was added to the food supply. New clinical data and the development of new hypotheses, based on laboratory research, can raise questions about any relatively new compound, even after that compound has passed all of the safety tests required at the time of its approval.Â What was and continues to be lacking is a process, free of political influence, for monitoring possible adverse reactions after food and drug additives are placed in the market.

Government-mandated safety research does not exist for politically protected chemicals and compounds, such asÂ aspartame.

Conclusion

The initial approval of aspartame by the FDA in 1981 â€" in the face of unequivocal objections from FDAâ€™s own in-house scientists, consultants for the General Accounting Office, and even a Public Board of Inquiry â€" was an erroneous political and public health crime done for greed alone. Â

Credible scientific studies, and demographic evidence relating to the contributory role of aspartame sodas and other products in the dramatic increase of obesity, diabetes, attention deficit disorder, brain tumors and other malignancies in children. Â

It is no longer justÂ speculation that our Federal health agencies have been co-opted to act as trade organizations for pharmaceutical corporations. This unholy alliance between state and corporation has corrupted these agencies to such an extent that they will need to be rebuilt from the ground up. In the meantime, they need to be recognized for what they are â€" they are not working in the public service, they have no functional oversight, they are feral and are not looking out for the countryâ€™s best interest.

REFERENCES

1. Hattan, D. G., Henry, S.H., Montgomery, S. B., Bleiberg, M. J., Rulis, A. M., and Bolger, P.M. Role of the Good and Drug Administration in regulation of neuroeffective food additives.Â In: Nutrition and the Brain, Bol. 6 (R.J. Wurtman and J.J. Wurtman, Eds.), Raven Press, New York, 1983, pp. 31-99.
2. Wurtman, R. J., and Maher, T. J. Strategies for assessing the effects of good additives on the brain and behavior.Â Fundam. Appl.Â S318-S322 (1984).
3. Anonymous.Â Food additives permitted for direct addition to food for human consumption; aspartame; denial of requests for hearing.Â Â Â Â Â Â Â Final rule, Federal Register 49, 6672-6682 (1984).
4. Pardridge, W. M. Potential effects of the dipeptide sweetener aspartame on the brain.Â In: Nutrition and the Brain, Vol. 7 (R.J. Wurtman and J.J. Wurtman, Eds.), Raven Press, New York (1996), pp. 199-241 5. Bradstock, M.K., Serdular, M. K., Marks, J.S., Barmard, R. J., Crane, N.T., Remmington, P.L., and Trowbridge, F. L.Â Evaluation of reactions to food additives: The aspartame experience.Â Am. J. Clin. Nutr. 43: 464-469 (1986).
6. Department of Health and Human Services. Quarterly Report on Adverse Reactions Associated with Aspartame Ingestion.Â DHHS, Washington, DC, Oct. 1, 1986.
7. Johns, D. R. Migraine provoked by aspartame. N. Engl. J. Med. 315-456 (1986)
8. Ferguson, J.M. Interaction of aspartame and carbohydrates in and eating- disorder patient. Am. J. Psychiatry 142: 271 (1985).
9. Drake, M.E. Panic attacks and excessive aspartame ingestion.Â Lancetii: 631 (1986)
10. Wurtman, R. J. Aspartame: Possible effect on seizure susceptbility. Lancet ii: 1060 (1985).
11. Watson, R. G. Seizure and mania after high intake of aspartame.Â Â Â Psychosomatics 27: 218-220 (1986).
12. Stegink. L. D., Filer, L. J., Jr., and Baker, G. L. Effect of aspartame and aspartame

loading upon plasma and erythrocyte free amino acid levels in normal adult volunteers. J. Nutr. 107: 1837-1845 (1977).
13. Yokogoshi, H., Roberts, C. H., Caballero, B., and Wurtman, R.J.Â Effects of aspartame and glucose administration on brain andÂ Â Â plasma levels of large neutral amino acids and brain 5-hydroxyindoles.Â Am. J. Clin. Nutr.
40: 1-7 (1984).
14. Fernstrom, J. D., Fernstrom, M. H., and Gillis, M. A. AcuteÂ Â Â Effects of aspartame on large neutral amino acids and monoamines in rat brain. Life Sci. 32: 1651-1658 (1983).
15. Ranney, R. E., Opperrnann, J. A., Muldoon, E., and McMahon, F. G.
Comparative metabolism of aspartame in experimental animals and humans.Â J.
Toxicol. Environ. Health 2: 441-451 (1976).
16. Fernstrom, J.D., Wurtman R. J., Hammarstrom-Wilkund, B., Rand W. M., Munro, H. N., and Davidson, C. S. Diurnal variation in plasma concentrations of tryptophan, tyrosine, and other neutral amino acids: Effect of dietary protein intake. Am. J. Clin. Nutr.
32:1912-1922 (1979).
17. Maher T. J., Glaeser, B. S., and Wurtman, R. J. Diurnal variations in plasma concentrations of basic and neutral amino acids and in red cell concentrations of aspartate and glutamate: Effects of dietary protein. Am.
J.
Clin. Nutr. 39: 722-729 (1984).
18. Stegink, L. D., Filer, L. J., Jr., Baker, G. L., and McDonnell, J. E.
Effect of an abuse dose of aspartame upon plasma and erythrocyte levels of amino acids in phenylketonuric heterozygous and normal adults. J. Nutr. 110:
2216-2224 (1980).
19. Fernstrom, J. D., and Faller, D. V. Neutral amino acids in the brain:
Changes in response to food ingestion. J. Neurochem. 30:Â Â 1531-1538
(1978)
20. Elwyn, D. H., Parikh, H. C., and Shoemaker, W. C. Amino acid movements between gut, liver and periphery in unanesthetizedÂ Â dogs. Am. J. Physiol,
215: 1260-1275 (1968).
21. Oldendorf, W. H. Brain uptake of radiolabeled amino acids, amines, and hexoses after arterial injection. Am. J. Physiol. 221:1629-1639 (1971).
22. Levy, H. L., and Waisbren, S. E. Effects of untreated maternal phenylketonuria and hyperphenylalanemia on the fetus. N. Engl. J. Med.
309:1269-1274 (1983).
23. Jobe, P. C., Dailey, J. W., and Reigel, C. E. Noradrenergic and serotonergic determinants of seizure susceptibility and severity in genetically epilepsy-prone rates. Life Sci. 39: 775-782 (1986).
24. Milner, J. D., Irie, K., and Wurtman, R. J. Effects of phenylalanine on the release of endogenous dopamine from rat striatal slices. J. Neurochem.
47: 1444-1448 (1986).
25. Reinhard, J. F., and Reinhard, J. F., Jr. Experimental evaluation of anticonvulsants. In: Anticonvulsants (J. A. Vida, Ed.), Academic Press, New York, 1972, pp. 58-110.
26. Olney, JW, Farber, NB, Spitznagel, E, Robins, LN (1996) Increasing BrainÂ Tumor Rates: Is there a Link to Aspartame? Journal of Neuropatology and Experimental Neurology, 55, 1115-1123.

------- End of Forwarded Message -------
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000059

mizuno1-Edgar

From: Anni Palmer [annikaye@hotmail.com]
Sent: Monday, February 11, 2008 2:22 PM
To: HLTtestimony
Subject: FW: HB2680 to ban aspartame: Room#329: .

From: annikaye@hotmail.com
To: repmizuno@capitol.hawaii.gov
Subject: HB2680 to ban aspartame: Room#329: 8.00 am Friday 8th Feb.
Date: Fri, 8 Feb 2008 10:07:26 +1200

Please copy as committee handout for this hearing

Hon Rep Josh Green M.D
Hon John Mizuno, vice chair

I will keep this brief as you will have many to read. I will also avoid scientific info.
This issue has been gathering momentum for well over twenty years. Globally individuals have suffered ill health, had working lives ruined and we have seen increases world wide in diagnosed diabetes, depressive illness and other psychological disorders, M.S , Alzeimers and Chronic fatigue to name only a few of the ailments knowingly attributed to aspartame and treated by numerous Drs who are highly aware of the toxic effects.
You don't need to be a scientist to recognise that when you have excessive numbers of people all over this planet reporting ill effects of a substance identified as a common factor and when that common substance is removed from the diet huge numbers of people see their symptoms abate and in very often disappear after approx 60 days, that there is a problem. Problematic

too is that many many people will not know that this is the cause of their debilitating illness and not know they have the choice to detox and will continue to suffer unnecessarily. My children can put those facts together and see the issue.
To turn a blind eye to all the data that has over time been presented by experts in their field and favour research presented by those with vested interest is to demonstrate
moral defficiency equal to the lack of integrity displayed by those hell bent on bringing this to the market in the name of the mighty dollar and ego gratification way back then.

I hope you will see this worthy of consideration

sincerely
Andrea Palmer
concerned citizen and safe food advocate
P.O Box 60293
Titirangi
Auckland
New Zealand

Express yourself instantly with MSN Messenger! MSN Messenger

From:	Stephen Fox [stephen@santafefineart.com]
Sent:	Monday, February 11, 2008 2:23 PM
To:	HLTtestimony
Cc:	Rep. Mele Carroll; Janice Lehner
Subject:	Fw: ASPARTAME TESTIMONY FROM KENNETH STOLLER, M.D., PEDIATRICIAN

ATT168179619.htm
(27 KB)

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: LEHNER@CAPITOL.HAWAII.GOV
Sent: Fri, 8 Feb 2008 17:49:47 -0600
Subject: Fw: repmizuno@Capitol.hawaii.gov ,repawana@Capitol.hawaii.gov, repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii.gov ,reprhoads@Capitol.hawaii.gov ,reptokioka@Cap itol.hawaii.gov ,repward@Capitol.hawaii.gov,senbaker@Capitol.hawaii.gov , senmenor@Capitol.hawaii.gov,senwhalen@Capitol.hawaii.gov

---------- Forwarded Message -----------
From: kpstollermd@aol.com
To: repgreen@Capitol.hawaii.gov, sendige@Capitol.hawaii.gov, senfukunaga@Capitol.hawaii.gov
Sent: Tue, 05 Feb 2008 21:02:29 -0500
Subject: repmizuno@Capitol.hawaii.gov ,repawana@Capitol.hawaii.gov, repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii.gov ,reprhoads@Capitol.hawaii.gov ,reptokioka@Cap i tol.hawaii.gov ,repward@Capitol.hawaii.gov,senbaker@Capitol.hawaii.gov , senmenor@Capitol.hawaii.gov,senwhalen@Capitol.hawaii.gov

David Y. Ige Chairman of Senate Health Committee 16th Senatorial District Hawaii State Capitol, Room 215
415 South Beretania Street
Honolulu, HI

Josh Green, M.D.
Hawaii State Capitol, Room 327
415 South Beretania Street
Honolulu, HI 96813
Dear Dr. Green, Chairman Ige, Vice Chair Fukunaga and Honorable Members of the House Health Committee:

I am a board certified physician in both pediatric and Hyperbaric medicine.
I
was a student of Dr. Arthur Hull Hayes, Jr, the FDA Commissioner responsible fro approving the toxin aspartame to be used in the USA.

I know your time is valuable so in one sentence I will tell you that aspartame has a long well documented legacy showing it is both a neurotoxin and carcinogen that should never, ever have been approved to be fit for human consumption and I strongly encourage you to vote to have this substance banned from your shores.

What follows is a detailedÂ and technical explanation of just how toxic aspartame is. Dr. Green will understand this, I ask the rest of the Health Committee to do the right thing. Please.

Thank you in advance

000062

K Paul Stoller, MD
President International Hyperbaric Medical Association Medical Director, Hyperbaric Med Ctr New Mexico Medical Director, Hyperbaric Oxygen Clinic Sacramento
404 Brunn School Rd #D, Santa Fe, NM 87505

In October 1980 the Public Board of Inquiry (PBOI) impaneled by the FDA to evaluate aspartame safety found that the chemical caused an unacceptable level of brain tumors in animal testing. Based on this fact, the PBOI ruled that aspartame should not be added to the food supply.

This ruling culminated 15 years of regulatory ineptitude, chicanery and deception by the FDA and the Searle drug company, aspartameâ€™s discoverer and manufacturer (acquired by Monsanto in 1985), and then started the ball rolling on two additional decades of maneuvering, manipulating and dissembling by FDA, Searle and Monsanto.

In 1965, a Searle scientist licked some of a new ulcer drug from his fingers and discovered the sweet taste of aspartame. Searleâ€™s early tests showed that aspartame produced microscopic holes and tumors in the brains of experimental mice, epileptic seizures in monkeys, and was converted into formaldehyde.

In 1974 the FDA approved aspartame as a dry-foods additive. The renowned brain researcher, John Olney from Washington University in St. Louis reviewed the available data and discovered two studies showing brain tumors in rats and petitioned the FDA for a public hearing. Dr. Olney had already shown that aspartic acid (part of the aspartame molecule) caused holes in the brains of rats. Aspartame also is one part phenylalanine, and and one part methyl (or
wood) alcohol.

The FDA prevailed on Searle to refrain from marketing aspartame until after completion of the hearing.Â In 1975, an FDA Special Commissionerâ€™s Task Force reported serious problems with Searleâ€™s research that was conducted in a manner so flawed as to raise doubts about aspartame safety and create the possibility of serious criminal intent. The FDA asked the U.S. Attorney for Chicago to seek a grand jury review of the monkey seizure study, but he let the statute of limitations run out, then (along with two aides) proceeded to join Searleâ€™s law firm.

In October 1980, the PBOI blocked aspartame marketing until the tumor studies could be explained, and unless the commissioner overruled the board, the matter was closed. In November 1980, Ronald Reagan was elected President and Donald Rumsfeld, president of Searle, joined the Reagan White House. In January 1981 Rumsfeld told a sales meeting that he would call in his chips and get aspartame approved â€" Dr. Arthur Hull Hayes, Jr. a pharmacologist and Defense Department contract researcher became FDA commissioner and his first decision was to defy FDA advisers and approved aspartame for dry foods.
His last decision, before leaving his post because of improprieties was to approve aspartame for soft drinks in 1983. He immediately became senior medical adviser to Searleâ
€™s public relations firm for $1000/day. Rumsfeld received a $12 million bonus.

As soon as soft drinks with Nutrasweet began to be consumed, complaints began to arrive at the FDA â€" dizziness, blurred vision, headaches, and seizures.
The complaints were more serious than the FDA has ever received on any food additive. In 1985, the FDA asked the Centers fo Disease Control (CDC) to review the first 650 complaints (there are now tens-of-thousands). CDC found that the symptoms in ~25% of cases stopped and then restarted with discontinuing the use of aspartame and then restarting its use. The day the FDA released the CDC report, which they discounted, Pepsi Cola announced its switch to aspartame with a worldwide media blitz.

At the same time, human brain tumors rose 10% and previously benign tumors turned virulent. An FDAâ€™s deputy commissioner said the data posed no problem; he then became VP of clinical research for Searle.

Four hundred aspartame studies were done between 1985 and 1995.Â All the studies Searle paid for found no problem, but 100% of the studies paid for be non-industry sources raised questions.

The manifestations of aspartame disease in young children are myriad. They include severe headache, convulsions, unexplained visual loss, rashes, asthma, gastrointestinal problems, obesity, marked weight loss, hypoglycemia, diabetes, addiction (probably largely due to the methyl alcohol), hyperthyroidism, and a host of neuropsychiatric features.Â The latter include extreme fatigue, irritability, hyperactivity, depression, antisocial behavior (including suicide), poor school performance, the deterioration of intelligence, and brain tumors.

An average aspartame-sweetened beverage would have a conservative aspartame content of about 555 mg/liter, and therefore, a methanol equivalent of 56 mg/liter (56 ppm). For example, if a 25 kg child consumed on a warm day, after exercising, two-thirds of a two-liter bottle of soft drink sweetened with aspartame, that child would be consuming over 732 mg of aspartame (29 mg/kg). This alone exceeds what the FDA considers the 99+-percentile daily consumption level of aspartame. The child would also absorb over 70mg of methanol from that soft drink. This is almost ten times the Environmental Protection Agency's recommended daily limit of consumption for methanol.

To look at the issue from another perspective, the literature reveals death from consumption of the equivalent of 6 gm of methanol. It would take 200 12 oz. cans of soda to yield the lethal equivalent of 6 gm of methanol.
According to FDA regulations, compounds added to foods that are found to cause some adverse health effect at a particular usage level are actually permitted in foods only at much lower levels. The FDA has established these requirements so that an adequate margin of safety exists to protect particularly sensitive people and heavy consumers of the chemical. Section
170.22 of Title 21 of the Code of Federal Regulations mandates that this margin of safety by 100-fold below the "highest no-effect" level. If death has been caused by the methanol equivalent of 200 12 oz. cans of aspartame sweetened soda, one hundredth of that level would be two cans of soda. The relationship of the lethal dose to the "highest no effect" level has tragically not been determined for methanol but assuming very conservatively that the level is one hundreth of the lethal dose, the FDA regulations should have limited consumption to approximately 24 ounces of aspartame-sweetened soft drink per day.

The high ethanol/methanol ratio of alcoholic beverages must have a very significant protective effect given that ethanol antidotes methanol, so donâ€™t let the argument that methanol already exists in alcoholic beverages without untoward effects. This is absurd given that alcoholics have a much higher incidence of cancer and other degenerative diseases, none of which can be attributed to ethanol alone. In aspartame, the methanol is released, once in the body, unfettered by ethanol to be a pure poison.

The FDA allows a lower safety margin only when "evidence is submitted which justifies use of a different safety factor." (21.C.F.R.170.22) No such evidence has been submitted to the FDA for methanol. Thus, not only have the FDA's requirements for acute toxicity not been met, but also, no demonstration of chronic safety has been made. The fact that methyl alcohol appears in other natural food products does not exonerate its presence in aspartame, but increases greatly the danger of chronic toxicity developing by adding another unnatural source of this dangerous cumulative toxin to the food system.

Since the amino acid phenylalanine can be neurotoxic and can affect the synthesis of inhibitory monoamine neurotransmitters the phenylalanine in aspartame can mediate neurologic effects.

Chemicals and compounds that affect physiological systems are classified as drugs by the Food and Drug Administration (FDA), and are subject to considerably more demanding regulatory procedures than food constituents.
Moreover, because food additives must be shown to be physiologically inert in order to win initial FDA approval, once they have obtained this approval they are exempted from the requirement, imposed on all drugs, that their safety be continuously monitored: Companies that manufacture and use approved food additives are not obligated to monitor adverse reactions associated with consumption of their product, nor to submit to the FDA reports of such adverse reactions; they also are not required to carry out further government-
mandated research programs to affirm their product's safety.

However, the consumption of a number of food additives can cause physiological effects, which include, for some, modification of the chemical composition and functional activities of the nervous system (1,2). Moreover, in the case of aspartame these neural effects were largely unexplored prior to the compound's addition to the food supply, and were not a factor in calculating the quantities that individuals can safely consume (the ADI, or acceptable daily intake, currently set for aspartame at 50Â Â mg/kg) (3).

The effects of aspartame, and of certain other food additives, like caffeine, involve subtler biochemical changes, as well as functional consequences that are demonstrable only in specially treated animals (4) (and possibly, by extrapolation, only in especially vulnerable people).

Although these physiological effects are unrelated to the reason that aspartame was placed in food, they have important health implications given the very large number of people who consume aspartame. If only 1% of the 100,000,000 Americans thought to consume aspartame ever exceed the sweetener's ADI, and if only 1% of this group happen coincidentally to have an underlying disease that makes their brains vulnerable to the effects of an aspartame-induced rise in brain phenylalanine levels, then the number of people who might manifest adverse brain reactions attributable to aspartame would still be about 10,000, a number on the same order as the number of neurologicaly related consumer complaints already registered with the FDA and other federal agencies (5,6).

Doses of aspartame, which are within the range actually consumed by some people can affect the chemical composition of the brain, and thereby contribute to particular CNS sidle effects, including headaches (7), inappropriate behavior responses (8,9), and seizures (10,11).

The major bio-chemical effect of aspartame, in humans, is to raise blood and, presumably, brain phenylalanine levels (12); in contrast, its main effect in rodents is to raise bloodÂ (and brain) tyrosine levels (13,14), and tyrosine is often the antidote to phenylalanine's effects on the brain. This species difference makes questionable the extrapolation of much of the rodent literature to humans.

The existence of this major metabolic difference between rodents and people underscores the point that only large-scale human studies could determine whether or not aspartame is risk-free. But aspartame cannot be shown to be risk-free, and its regulatory classification should be changed, for example, to that of a drug.
Â
The consumption of an aspartame-laden food or beverage contributes to the plasma the three natural compounds contained within the aspartame molecule:
the amino acids phenylalanine and aspartic acid, and the alcohol methanol (15), possibly as well as various peptides (like B-aspartame or the aspartyl- phenylalanine diketopoperazine that are formed from it spontaneously, on the shelf, or enzymatically, after its consumption).

Plasma phenylalanine levels are not regulated by any known homeostatic mechanism. At any particular time plasma levels simply reflect the amounts of phenylalanine being absorbed from the foods most recently eaten (16,17).
Consumption of the ADI aspartame dose is thus able to elevate plasma phenylalanine levels about threefold (18).

Consumption of dietary phenylalanine in the usual way, as a constituent of protein, does not elevate brain phenylalanine levels (19). This is because the protein elevates plasma levels of the other large neutral amino acids
(LNAA) (valine, leucine, isoleucine, tryptophan, tyrosine) more than those of phenylalanine. These other amino acids are considerably more abundant than phenylalanine in the protein, and the branched-chain amino acids, unlike phenylalanine, are largely unmetabolized when they pass through the portal circulation (20).

In contrast, consumption of phenylalanine in the form of aspartame, with the other LNAA, that are always present in proteins, elevates plasma phenylalanine levels without elevating those of the other LNAA, this causes marked elevations in the plasma phenylalanine ratio (the ratio of the plasma phenylalanine concentration to the summed concentrations of the other LNAA) (13).Â Aspartame is the only known phenylalanine-containing food that elevates this ratio.

An elevation in the plasma phenylalanine ratio causes a parallel rise in brain phenylalanine levels, since a single transport macromolecule within the endothelial cells lining the brain's capillaries mediates the uptake of all of the LNAA; this macromolecule is unsaturated at normal plasma LNAA levels; and each of the LNAA's compete for attachment to it, their success depending on their relative affinities for it and their plasma concentration relative to those of its competitor (4,21). The elevation in the plasma phenylalanine ratio also tends to reduce the corresponding ratios for the LNAA, thus decreasing their brain uptakes and tending to lower their brain levels (13).

[Aspartame fails to lower brain tyrosine levels in the rat because the rat's liver hydroxylates dietary phenylalanine so rapidly that plasma tyrosine levels rise even more than those of plasma phenylalanine (13,14). However, in humans dietary aspartame probably reduces brain tyrosine uptake.] If an aspartame-containing beverage is consumed along with, for example, a carbohydrate-rich, protein-poor dessert food, its effects on brain phenylalanine are doubled (13). This is because the insulin secretion elicited by the carbohydrate selectively lowers plasma levels of the branched-chain amino acids (by facilitating their uptake into skeletal muscle), without having much of an effect on plasma phenylalanine; this increases the effect of the aspartame on the plasma phenylalanine ratio (17). A similar doubling may occur if the eater happens to be one of the perhaps 10 million Americans (22) who are, without knowing it, heterozygous for the phenylketonuria (PKU) gene.

Once within brain, neurons producing certain neurotransmitters, such as dopaminergic nigrostriatal cells, the excess phenylalanine can inhibit enzymes (like tyrosine hydroxylase) needed to synthesize the neurotransmitters. Excess circulating phenylalanine can also diminish the production of brain catecholamines and serotonin by competing with their precursor amino acids for transport across the blood-brain barrier.Â Hence, physiological processes that depend on the sustained release of adequate quantities of these transmitters can be affected.

One such process creates greater sensitivity to seizures (23). In humans, aspartame regardless the dose causes greater increases in plasma (and brain) phenylalanine than tyrosine. (As shown below, sufficiently high aspartame doses, which transiently exceed the liver's capacity to hydroxylate phenylalanine, can also potentiate seizures in rodents, whether these seizures are generated by drugs, electroshock, or inhalation of fluorothyl.)

All of these relationships have now been demonstrated; most recently, the ability of phenylalanine to suppress dopamine release (24)

The ability of aspartame intake to modify seizure susceptibility,Â their speed of onset, and the amount of convulsant required to produce the seizures among mice given treatments known to be epileptogenic has been looked at (25). In general, animals received various aspartame doses 1 hr before a CD50 dose of the seizure-inducing treatment, or a fixed aspartame dose 1 hr before various doses of the treatment. The number of animals in each treatment group exhibiting seizures in the next 60 min were counted (when the treatment was pentylenetetrazole), or the time passing until a given animal had a seizure (when the treatmentÂ was inhaled fluorothyl or electroshock). The aspartame doses used were those shown, in the mice, to cause bloodÂ phenylalanine levels to rise by at least as much as blood tyrosine, i.e., doses of 1000 mg/kg or greater.

Aspartame administration produced a dose-dependent increase in seizure frequency among animals subsequently receiving the CD50 dose of pentylenetetrazoleÂ (PTZ) (65 mg/kg) . At the 1000 and 2000 mg/kg aspartame doses, 78 and 100% of the animals experienced seizures, compared with 50% in the water-pretreated group. Other mice pretreated with a fixedÂ dose (1000 mg/kg) of aspartame, or with water, andÂ given various doses (50-75 mg/kg) of PTZ an hour later exhibited a significant leftward shift of the PTZ doseÂ response curve (. Enhanced susceptibility to PTZ-induced seizures was also observed among miceÂ pretreated with phenylalanine (in doses equimolar to effective aspartame doses), but not among animals pre-treated with aspartic acid or methanol. Coadministration with aspartame of the LNAA valine, which competes with phenylalanine for passage across the blood-brain barrier (4,21), protected mice from the seizure-promoting effects of the sweetener; in contrast, alanine, an amino acid which does not compete with phenylalanine for brain uptake, failed to attenuate aspartame's effect on PTZ-induced seizures.

The evidence does not indicate that aspartame itself causes seizures; rather it promotes seizures in animals that are already at risk (that is, animals treated with PTZ, fluorothyl, or electroshock). In a similar manner, it is possible that doses of the sweetener that cause a sufficient increase in brain phenylalanine might increase seizure frequency among susceptible humans, or might allow seizures to occur in people who are vulnerable but without prior episodes.

It is unfortunate but perhaps not surprising that questions about aspartame's phenylalanine-mediated neurologic effects arose after the sweetener was added to the food supply. New clinical data and the development of new hypotheses, based on laboratory research, can raise questions about any relatively new compound, even after that compound has passed all of the safety tests required at the time of its approval.Â What was and continues to be lacking is a process, free of political influence, for monitoring possible adverse reactions after food and drug additives are placed in the market.

Government-mandated safety research does not exist for politically protected chemicals and compounds, such asÂ aspartame.

Conclusion

The initial approval of aspartame by the FDA in 1981 â€" in the face of unequivocal objections from FDAâ€™s own in-house scientists, consultants for the General Accounting Office, and even a Public Board of Inquiry â€" was an erroneous political and public health crime done for greed alone. Â

Credible scientific studies, and demographic evidence relating to the contributory role of aspartame sodas and other products in the dramatic increase of obesity, diabetes, attention deficit disorder, brain tumors and other malignancies in children. Â

It is no longer justÂ speculation that our Federal health agencies have been co-opted to act as trade organizations for pharmaceutical corporations. This unholy alliance between state and corporation has corrupted these agencies to such an extent that they will need to be rebuilt from the ground up. In the meantime, they need to be recognized for what they are â€" they are not working in the public service, they have no functional oversight, they are feral and are not looking out for the countryâ€™s best interest.

REFERENCES

1. Hattan, D. G., Henry, S.H., Montgomery, S. B., Bleiberg, M. J., Rulis, A. M., and Bolger, P.M. Role of the Good and Drug Administration in regulation of neuroeffective food additives.Â In: Nutrition and the Brain, Bol. 6 (R.J. Wurtman and J.J. Wurtman, Eds.), Raven Press, New York, 1983, pp. 31-99.
2. Wurtman, R. J., and Maher, T. J. Strategies for assessing the effects of good additives on the brain and behavior.Â Fundam. Appl.Â S318-S322 (1984).
3. Anonymous.Â Food additives permitted for direct addition to food for human consumption; aspartame; denial of requests for hearing.Â Â Â Â Â Â Â Final rule, Federal Register 49, 6672-6682 (1984).
4. Pardridge, W. M. Potential effects of the dipeptide sweetener aspartame on the brain.Â In: Nutrition and the Brain, Vol. 7 (R.J. Wurtman and J.J. Wurtman, Eds.), Raven Press, New York (1996), pp. 199-241 5. Bradstock, M.K., Serdular, M. K., Marks, J.S., Barmard, R. J., Crane, N.T., Remmington, P.L., and Trowbridge, F. L.Â Evaluation of reactions to food additives: The aspartame experience.Â Am. J. Clin. Nutr. 43: 464-469 (1986).
6. Department of Health and Human Services. Quarterly Report on Adverse Reactions Associated with Aspartame Ingestion.Â DHHS, Washington, DC, Oct. 1, 1986.
7. Johns, D. R. Migraine provoked by aspartame. N. Engl. J. Med. 315-456 (1986)
8. Ferguson, J.M. Interaction of aspartame and carbohydrates in and eating- disorder patient. Am. J. Psychiatry 142: 271 (1985).
9. Drake, M.E. Panic attacks and excessive aspartame ingestion.Â Lancetii: 631 (1986)
10. Wurtman, R. J. Aspartame: Possible effect on seizure susceptbility. Lancet ii: 1060 (1985).
11. Watson, R. G. Seizure and mania after high intake of aspartame.Â Â Â Psychosomatics 27: 218-220 (1986).
12. Stegink. L. D., Filer, L. J., Jr., and Baker, G. L. Effect of aspartame and aspartame loading upon plasma and erythrocyte free amino acid levels in normal adult volunteers. J. Nutr. 107: 1837-1845 (1977).
13. Yokogoshi, H., Roberts, C. H., Caballero, B., and Wurtman, R.J.Â Effects of aspartame and glucose administration on brain andÂ Â Â plasma levels of large neutral amino acids and brain 5-hydroxyindoles.Â Am. J. Clin. Nutr. 40: 1-7 (1984).
14. Fernstrom, J. D., Fernstrom, M. H., and Gillis, M. A. AcuteÂ Â Â Effects of aspartame on large neutral amino acids and monoamines in rat brain. Life Sci. 32: 1651-1658 (1983).
15. Ranney, R. E., Opperrnann, J. A., Muldoon, E., and McMahon, F. G. Comparative metabolism of aspartame in experimental animals and humans.Â J. Toxicol. Environ. Health 2: 441-451 (1976).
16. Fernstrom, J.D., Wurtman R. J., Hammarstrom-Wilkund, B., Rand W. M., Munro, H. N., and

Davidson, C. S. Diurnal variation in plasma concentrations of tryptophan, tyrosine, and other neutral amino acids: Effect of dietary protein intake. Am. J. Clin. Nutr. 32:1912-1922 (1979).
17. Maher T. J., Glaeser, B. S., and Wurtman, R. J. Diurnal variations in plasma concentrations of basic and neutral amino acids and in red cell concentrations of aspartate and glutamate: Effects of dietary protein. Am.
J.
Clin. Nutr. 39: 722-729 (1984).
18. Stegink, L. D., Filer, L. J., Jr., Baker, G. L., and McDonnell, J. E.
Effect of an abuse dose of aspartame upon plasma and erythrocyte levels of amino acids in phenylketonuric heterozygous and normal adults. J. Nutr. 110:
2216-2224 (1980).
19. Fernstrom, J. D., and Faller, D. V. Neutral amino acids in the brain:
Changes in response to food ingestion. J. Neurochem. 30:Â Â 1531-1538
(1978)
20. Elwyn, D. H., Parikh, H. C., and Shoemaker, W. C. Amino acid movements between gut, liver and periphery in unanesthetizedÂ Â dogs. Am. J. Physiol,
215: 1260-1275 (1968).
21. Oldendorf, W. H. Brain uptake of radiolabeled amino acids, amines, and hexoses after arterial injection. Am. J. Physiol. 221:1629-1639 (1971).
22. Levy, H. L., and Waisbren, S. E. Effects of untreated maternal phenylketonuria and hyperphenylalanemia on the fetus. N. Engl. J. Med.
309:1269-1274 (1983).
23. Jobe, P. C., Dailey, J. W., and Reigel, C. E. Noradrenergic and serotonergic determinants of seizure susceptibility and severity in genetically epilepsy-prone rates. Life Sci. 39: 775-782 (1986).
24. Milner, J. D., Irie, K., and Wurtman, R. J. Effects of phenylalanine on the release of endogenous dopamine from rat striatal slices. J. Neurochem.
47: 1444-1448 (1986).
25. Reinhard, J. F., and Reinhard, J. F., Jr. Experimental evaluation of anticonvulsants. In: Anticonvulsants (J. A. Vida, Ed.), Academic Press, New York, 1972, pp. 58-110.
26. Olney, JW, Farber, NB, Spitznagel, E, Robins, LN (1996) Increasing BrainÂ Tumor Rates: Is there a Link to Aspartame? Journal of Neuropatology and Experimental Neurology, 55, 1115-1123.

------- End of Forwarded Message -------
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000068

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:25 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: Dr. James Granger's testimony, Hawaii House Health Committee to ban aspartame

Subject: Dr. James Granger's testimony, Hawaii House Health Committee to ban aspartame

Dr. James R. Granger III, MD

P.O.
Box 681

Grovetown,
GA 30813

Feb
10 2008

Honorable Josh Green, MD
Honorable John Mizuno

Re: House Bill 2580 Room #329

Please Copy as Committee handout

Gentlemen,

I am a physician and truly disturbed by the continued availability of Aspartame in our food supply. As a resident physician I developed tremors in my dominant hand (right). These tremors affected my surgical performance to the point of having one of my professors inquire as to whether or not I had an alcohol problem. I can assure you that I do not, nor have I ever had a substance abuse problem of any kind. My tremors persisted beyond my postgraduate training. I then had friends comment on noticing my hand shaking at rest outside of a clinical environment. After removing Aspartame from my diet, the tremors have been absent for over two years.

I have researched the issue and found that there is a plethora of scientific evidence to substantiate the claim that Aspartame should have never been allowed to enter our food supply.

Several facts need to be noted:

1) The FDA commissioner overruled his advisory board in 1983 to allow Aspartame into our food supply.
2) There is NO nutritional value to Aspartame.
3) The symptoms of Attention Deficit Disorder (ADD) are contained within the list of complaints symptoms presented to the FDA regarding Aspartame
4) The incidence/diagnosis of Obesity, malignant tumors, ADD, anxiety and other diagnosis have all increased in epidemic proportions since the 1983 introduction of Aspartame into the food supply.
5) Many of the original studies were manipulated and poorly performed. Note the summary below (excerpt from www.wnho.net posted 3/12/2004):

A few of the relevant findings summarized from various documents describing the FDA Task Force Report:

* "Excising masses (tumors) from live animals, in some cases without histologic examination of the masses, in others without reporting them to the FDA." (Schmidt 1976c, page 4 of US Senate 1976b) Searle's representatives, when caught and questioned about these actions, stated that "these masses were in the head and neck areas and prevented the animals from feeding." (Buzzard 1976a) "Failure to report to the FDA all internal tumors present in the experimental rats, e.g., polyps in the uterus, ovary neoplasms as well as other lesions." (Gross 1987a, page 8).
* G.D. Searle "stored animal tissues in formaldehyde for so long that they

000069

deteriorated." (Gordon 1987, page 496 of US Senate 1987; US Schmidt 1976c, page 25, 27 of US Senate 1976b)

* "Instead of performing autopsies on rhesus monkeys that suffered seizures after being fed aspartame, the company had financed a new monkey seizure study with a different methodology that showed no problems." (Gordon 1987, page 496 of US Senate 1987)

* "Reporting animals as unavailable for necropsy when, in fact, records indicate that the animals were available but Searle choose not to purchase them." (Schmidt 1976c, page 5 of US Senate 1976b)

* Animals which had died were sometimes recorded as being alive and vice versa. "These include approximately 20 instances of animals reported as dead and then reported as having vital signs normal again at subsequent observation periods." (Gross 1985, page S10835)

* "Selecting statistical procedures which used a total number of animals as the denominator when only a portion of the animals were examined, thus reducing the significance of adverse effects."
(Schmidt 1976c, page 4 of US Senate 1976b)

* G.D. Searle told the FDA that 12 lots of DKP were manufactured and tested in one study, yet only seven batches were actually made.
(Gross 1985, page S10835)

* "Significant deviations from the protocols of several studies were noted which may have compromised the value of these studies . .
. In at least one study, the Aspartame 52 weeks monkey study, the protocol was written after the study had been initiated." (Gross 1985, page S10835)

* "It is significant to note that the Searle employee responsible for reviewing most of the reproduction studies had only one year of prior experience, working on population dynamics of cotton tail rabbits while employed by Illinois Wildlife Service. In order to prepare him for this title of 'Senior Research Assistant in Teratology' (fetal damage) Searle bought him books to read on the subject and also sent him to a meeting of the Teratology Society.
This qualified him to submit 18 of the initial tests to the FDA, in addition to training an assistant and 2 technicians. He certainly must have kept them busy because Searle claimed that 329 teratology examinations were conducted in just 2 days. He estimated that he himself examined about 30 fetuses a day, but officials for the Center for Food and Applied Nutrition could never determine how that was possible."

* "In each study investigated, poor practices, inaccuracies, and discrepancies were noted in the antemortem phases which could compromise the study."

* "Presenting information to FDA in a manner likely to obscure problems, such as editing the report of a consulting pathologist . .
. Reporting one pathology report while failing to submit, or make reference to another usually more adverse pathology report on the same slide." (Schmidt 1976c, page 4-5 of US Senate 1976b)

* Animals were not removed from the room during the twice per month exterminator sprayings. (Gross 1985, page S10836 of Congressional Record 1985b)

* Often the substance being tested which was given to the animals was not analyzed or tested for homogeneity. "No records were found to indicate that any treatment mixtures used in the studies were ever tested or assayed for pesticide content . . . Running inventory records for either treatment mixtures or the test compounds used in treatment mixtures are not maintained."

* In the Aspartame (DKP) 115 week rat study the written observations of the pathology report was changed by the supervising pathologist, Dr. Rudolph Stejskal even though he was not physically present during the autopsies and could not have verified the observations of the pathologist who did perform the autopsies. The pathologist who did perform some of the autopsies had no formal training for such procedures.

* "Contrary to protocol, slides were not prepared of this [unusual lesions from the Aspartame (DKP) study) tissue for microscopic examinations . . . ."

* "In the Aspartame 46 weeks hamster study, blood samples reported in the submission to FDA as 26 week values (for certain specified animals) were found by our investigators as being, in fact, values for different animals which were bled at the 38th week. Many of the animals for which these values were reported (to the FDA) were dead at the 38th week." (Gross 1985, page S10838) "It is apparent from the report, that the Appendix portion contains all the individual (animal) values of clinical lab data available from the raw data file. A selected portion of these values appears to have been used in computing group means (which were reported to the FDA). It is not clear what criteria may have been used for selecting a portion of the data or for deleting the others in computing the means (reported to the FDA)." (Gross 1985, page S10838 of Congressional Record 1985b)

* "Searle technical personnel failed to adhere to protocols, make accurate observations, sign and date records, and accurately administer the product under test and proper lab procedures."

* [There were] "clerical or arithmetic errors which resulted in reports of fewer tumors."
* [G.D. Searle] "delayed the reporting of alarming findings." FDA Toxicologist and Task Force member, Dr. Andrian Gross stated:

"They [G.D. Searle] lied and they didn't submit the real nature of their observations because had they done that it is more than likely that a great number of these studies would have been rejected simply for adequacy. What Searle did, they took great pains to camouflage these shortcomings of the study.

In conclusion: The economic impact of banning Aspartame is outweighed infinitely by the invaluable improvement in the health of your constituents. I ask that you protect and serve your constituents, yourselves and your families by banning Aspartame from your jurisdiction. The leadership you would exemplify would set a much overdue president and positive impact it can/will have on other jurisdictions is incalculable.

Sincerely,

James R. Granger, III, MD

------- End of Forwarded Message -------

------- End of Forwarded Message -------

000071

mizuno1-Edgar

From: Victor Brandt [victor@brandts.com]

Sent: Monday, February 11, 2008 2:23 PM

To: HLTtestimony

Subject: Hawaii House Bill 2680

Please copy as a committee handout for this hearing

Dear Honorable Rep. Josh Green, M..D. and Honorable John Mizuno, Vice Chair

My name is Victor Brandt. I am 49 years old and have lived and worked in Honolulu most of my life. First of all I applaud you for creating this bill and trust and hope that "good" will prevail. I believe you are about to create history in taking aspartame out of our foods. It will not only enhance the lives of those living on our islands but a statement like this will most definitely reverberate around the world in such a positive way that it will awaken the unassuming general public to understand that maybe it's aspartame in their diet that's making them sick. It will surely be significant. So please, stand strong in the face of the many lobbyist who will definitely be in your face to tell you there's no conclusive evidence. And remember, they're paid to say that!!

As for my story. It is quite simple and I feel lucky compared to many that I have met over the years, that like me, were mixed up with aspartame and experienced many of it 92 possible symptoms, a list, by the way, that the FDA actually created prior to it's 'underhanded" approval in the early 80's by a quick moving Donald Rumsfeld. (At the bottom of my testimonial is a Letter from Dr. Betty Martini addressed to one of the Editors in Honolulu several weeks ago...she eloquently tells the story of how this addictive excitoneurotoxic carcinogenic drug got approved...a very worthwhile read!)

My problems started in the early 90's. I was addicted to sugar, probably had been since I was born, but I was consuming way too much sugar in the form of chocolates, ice cream, cookies and soda. I didn't feel all that bad, but wanted to get off the up and down mood swings that I was experiencing, so on a New Year's resolution I drop sugar from my diet. Naturally I still had a sweet tooth and became attracted to everything "Sugar Free". I switched my diet and started consuming sugar free cookies, candies and chewed several packs of sugar free gum per day. Unsuspectingly I was consuming a lot of Aspartame. My health started going into a tail-spin and I had no idea why nor knew anything about aspartame at the time.

I made it through all of the 90's, but at times I would have preferred to die. I had developed very challenging health issues along the way including severe headaches, joint pain, fatigue, insomnia, heart palpitations, rashes, asthma, blurred vision and I even became so irritable at times with those around me that I felt like I was about to explode. All the doctors and health specialist I met said I was fine and they could find nothing wrong. I saw Western Doctors and had numerous test performs from food allergies to lost nerve sensation in my arms and legs. I then started to seek help from Naturopaths, Chiropractors, Acupuncturist, Massage Therapist, Colonic Therapist all to no avail. I also read numerous books on health and nutrition. I thought I tried just about everything and it was expensive!

However, it wasn't until I heard Dr. Betty Martini on a radio talk show that a light bulb went off. She talked for about a hour on the effects of Aspartame poisoning and I related to many of the symptoms she mentioned. She also talked about how it was wrongly approved and how the FDA actually denied approval on this product for many years before it was eventually approved.

From that day forward I stopped all the sugar free treats and became an avid reader of product labels. I read more books on the subject and found information on numerous websites. I started to shop wisely and buy only products that were made without aspartame or other artificial sweeteners or even artificial flavors. It's been well over 6 years since that light went off and I'm happy to say that my health has returned to about 90%. I continue to stay strong in my conviction and self discipline in avoiding aspartame and other

000072

artificial sweeteners as well as MSG but it's not easy, especially if you eat out a lot. It's hard to read labels at a restaurant.

Yesterday I was showing a client an older home in Kaimuki. It was close to being a 'tear-down' and as the listing broker walked us through the house, I couldn't help but notice all the clear plastic bags of yet to be recycled diet soda cans. My first thought was "whew, I bet that made someone sick." Then as we walked through the debris and into the back portion of the house, there were two middle-aged men that appeared to be sleeping. It was in the middle of the day so I asked the broker who they were and if they were alright. He said that they are cousins and he didn't think anything was wrong with them physically, but maybe mentally. I thought to myself that's what happens when you get hooked on aspartame. This stuff was a science experiment gone wrong and does not belong in the human body. If you use it long enough, it will destroy you. I will forever adamantly avoid this stuff and other artificial sweeteners as much as possible...as most of my friends and co-workers will attest.

For Diabetics who are asking the question, but what will I be able to use if artificial sweeteners are banned? There is good news. First, as I experienced, you'll be healthier just staying away from anything with aspartame, aka NutraSweet/Equal/Spoonful. I've read that it will simulate and aggravate diabetic retinopathy and neuropathy as well as destroys the optic nerve from the free methyl alcohol and can cause diabetics to go into convulsions and will even interact with your insulin. Secondly, there are better alternatives already on the market such as: Pure Stevia (although it's still a little more expensive) and a product named: "Just Like Sugar" which is made from chicory and orange peel, Calcium and Vitamin C. One can find these at most health food stores and they supposed to be safe and keep ones glucose levels balanced.

Please ask your fellow representatives to stand tall against the money hunger manufacturers and their bought and paid for lobbyists who obviously do not have a conscious.

Very sincerely,

Victor Brandt

From Dr. Betty Martini, Founder of Mission Possible International (warning the world off aspartame, operations in 38 nations.) Here is her letter to our newspaper editor:

Dear Editor:

Thank you for helping to get the news out on banning aspartame (NutraSweet/Equal/Spoonful, etc.) from the great state of Hawaii.

Yes it is linked to 92 symptoms including death from the FDA themselves. Here is that report on FDA stationery: http://www.mpwhi.com/92_aspartame_symptoms.pdf However, there are many more listed including all kinds of diseases and tumors in the 1000 page medical text by H. J. Roberts, M.D., Aspartame Disease: An Ignored Epidemic, www.sunsentpress.com

Dr. Kalani Brady, a physician at the John A. Burns School of Medicine educates on diabetes. You have to wonder what is behind his statement of it being safe when aspartame has triggered an epidemic of diabetes. It not only can precipitate diabetes but simulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve from the free methyl alcohol, causes diabetics to go into convulsions and even interacts with insulin. It's the methanol, a severe metabolic poison that is causing so many diabetics to lose their limbs. Dr. Brady should get a copy of Dr. Roberts medical text since he is a diabetic specialist and took care of aspartame victims in the trenches of medical practice for decades. There is a large chapter on diabetes and its mechanisms. Here is an excellent letter written to Senator Ortiz y Pino in New Mexico on the subject. http://www.wnho.net/letter_to_senator_goyp_concerning_aspartame.htm Perhaps you can forward it to Dr. Brady along with this Journal of the Diabetic Association of India: http://www.dorway.com/barua.html

While the FDA today is the Aspartame Industry's Washington Branch Office, they originally fought approval to the point of asking for the indictment of the manufacturer. US Prosecutors Sam Skinner and William Conlon hired on with the defense team and the statute of limitations expired. The FDA actually revoked the petition for approval because they were so concerned about it triggering brain tumors and that it couldn't be proven safe. Here is the Board of Inquiry Report: http://www.mpwhi.com/fda_petition1.doc You will notice in the commentary above it there is a clip from Sweet Misery: A Poisoned World, an aspartame documentary, with Attorney James Turner explaining how Don Rumsfeld got this deadly chemical poison on the market when the FDA said "no".

They knew the FDA Commissioner would never over-rule the revoked petition for approval, so a call was made to him at 3:00 A.M. from the Reagan Transition Team asking him to resign. Here is a recent letter from his wife who was with him when that call came in: http://www.mpwhi.com/letter_about_jere_goyan.pdf Rumsfeld was on Reagan's transition team and said he would call in his markers and get it approved. The day after Reagan took office he appointed Dr. Arthur Hull Hayes as FDA Commissioner to do the deadly deed. Knowing it would take 30 days to get Hayes to FDA, President Reagan actually wrote an Executive Order making the FDA powerless to do anything about aspartame. Hayes over-ruled the Board of Inquiry and then went to work for the PR Agency of the manufacturer for $1000.00 a day on a ten year contract. Quite a reward.

There was so much outrage as people began being poisoned there were three congressional hearings but the bill to put a moratorium on aspartame and have the NIH do independent studies on the horrors they were seeing in the population never got out of committee. http://dorway.com/dorwblog/?page_id=65 This was due to Senator Orrin Hatch we believe who was paid by Monsanto who had now bought Searle. Today they have sold to four entities including Ajinomoto and Merisant.

We have added most of the original government documents to web, perhaps the reason Dr. Brady appears not to want people to check out the Internet. If he is really sincere about wanting to educate diabetics perhaps he should get on the Internet and also get copies of medical texts on the subject. This includes Excitotoxins: The Taste That Kills by neurosurgeon Russell Blaylock, M.D. www.sunsentpress.com If he wants scientific peer reviewed studies here's the research Dr. Ralph Walton did for 60 Minutes in l996 when Dr. John Olney made world news on the aspartame brain tumor connection. Aspartame breaks down to DKP, a brain tumor agent. http://www.dorway.com/peerrev.html Here's 13 more studies in the last 24 months showing aspartame toxicity: http://www.mpwhi.com/13_aspartame_research_studies.htm

How bad can it get? Here is the Trocho Study showing the formaldehyde converted from the free methyl alcohol embalms living tissue and damages DNA: http://www.mpwhi.com/formaldehyde_from_aspartame.pdf I spoke to the researcher when I was in Barcelona and he told me aspartame can kill 200 million. It already has, all you have to do is read the medical text and see how many neurodegenerative diseases and tumors it causes. Some women have lost as many as 8 babies on aspartame because its an abortifacient, with no warning on the label.

If you want to know how the aspartame industry fixes studies to attempt to show an addictive excitoneurotoxic carcinogenic drug shows safety, read some of these which explain the process: http://www.holisticmed.com/aspartame/abuse/seizures.html

These are the ones on seizures. If you want more just let me know. They are pro's at flawed studies. In fact, the FDA audit, the Bressler Report is included in this article where I showed the FDA admitted to destroying incriminating aspartame information that was left out of that report: http://www.mpwhi.com/fda_gate.htm

As to economics, its about time there is concern about the mass poisoning of the public with this deadly poison. You will notice in this New York Times article after Dr. Soffritti did the Ramazzini Study peer reviewed by 7 world experts showing aspartame to be a multipotential carcinogen, the FDA was asked why they didn't ban aspartame: http://www.nytimes.com/2006/02/12/business/yourmoney/12sweet.html?pagewanted=all

Notice the only concern of the FDA was the economics of the manufacturers. The FDA should be so concerned about safe food and drugs and the health of a nation, and even the world.

When I lectured in New Zealand when Abby Cormack almost died from Wrigley's aspartame gum http://www.mpwhi.com/abby_cormack_story.htm I spoke with Food Standards. They assured me there had been no studies in NZ and they relied on the FDA. So the FDA is responsible for all these sick people like Abby because they lied about aspartame safety. Because of the publicity in NZ a lot of companies are taking a stand and warning about aspartame: http://www.mpwhi.com/beginning_to_feel_like_victory.htm The Safe Food Campaign of New Zealand has a petition for ban. alison@safefood.org.nz Here is the whole New Zealand story published in "Investigate" - Dying For a Diet Coke, by journalist extraordinaire , Chris Wheeler, Mission Possible New Zealand: http://www.rense.com/general78/dying.htm

Understand until Don Rumsfeld (Rumsfeld's Plague) the FDA did speak out about aspartame. Here is what their FDA toxicologist told Congress:

On August 1, l985 the FDA's own toxicologist, Dr. Adrian Gross, told Congress at least one of Searle's studies "has established beyond ANY REASONABLE DOUBT that aspartame is capable of inducing brain tumors in experimental animals and that this predisposition of it is of extremely high significance. ... In view of these indications that the cancer causing potential of aspartame is a matter that had been established WAY BEYOND ANY REASONABLE DOUBT, one can ask: What is the reason for the apparent refusal by the FDA to invoke for this food additive the so-called Delaney Amendment to the Food, Drug and Cosmetic Act?"

The Delaney Amendment makes it illegal to allow any residues of cancer causing chemicals in foods. In his concluding testimony Gross asked, "Given the cancer causing potential of aspartame how would the FDA justify its position that it views a certain amount of aspartame as constituting an allowable daily intake or 'safe' level of it? Is that position in effect not equivalent to setting a 'tolerance' for this food additive and thus a violation of that law? And if the FDA itself elects to violate the law, who is left to protect the health of the public?" Congressional Record SID835:131 (August 1, l985)

So here is the admission by the FDA toxicologist who was on site that the FDA violated the law, and that's why this deadly poison is on the market today.

Dr. John Olney who founded the field of neuroscience called excitotoxicity and tried to prevent approval, wrote a 49 page report to the Board of Inquiry on how it would destroy the brains of our children, and the unborn. Here is that report: http://www.wnho.net/dr_olney1.doc Here's the Report For Schools, articles by renowned aspartame experts to save the children: http://www.mpwhi.com/report_on_aspartame_and_children.htm

This was necessary because Dr. Olney's prophecy was fulfilled and aspartame has destroyed a generation of children. It's an abortifacient and teratogen (triggers birth defects) and endocrine disrupting agent. Everything is a matter of public record. Lobbyists, flacks, front groups, the manufacturers and paid prostitutes weave stories of deceit, but the simple truth is like Dr. James Bowen told the FDA 20 years ago, aspartame is mass poisoning of the world: http://www.dorway.com/drbowen.txt

I hope you will continue to broadcast the facts and help the people of Hawaii know the truth and set the ones who use it free of their afflictions. Here is the paper by neurosurgeon Russell Blaylock, M.D., "What To Do If You Have Used Aspartame", www.wnho.net/wtdaspartame.htm

If you wish to show the aspartame documentary, Sweet Misery: A Poisoned World, on TV please contact www.soundandfury.tv

All my best,

Betty

www.mpwhi.com, www.dorway.com and www.wnho.net Aspartame Toxicity Center, www.holisticmed.com/aspartame

000075

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:33 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: From Victor Brandt, HS2680, House Health Committee, Hawaii

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: LEHNER@CAPITOL.HAWAII.GOV
Sent: Fri, 8 Feb 2008 17:44:27 -0600
Subject: Fw: From Victor Brandt, HS2680, House Health Committee, Hawaii

---------- Forwarded Message -----------
From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
To: bettym19@mindspring.com
Sent: Thu, 07 Feb 2008 23:14:21 -0500
Subject: From Victor Brandt, HS2680, House Health Committee, Hawaii

Reply-To: <victor@brandts.com>
From: "Victor Brandt" <victor@brandts.com>
To: <repgreen@Capitol.hawaii.gov>,
<repmizuno@capitol.hawaii.gov>
Subject: House Bill 2680 / Room number #329 / Friday 8:00 AM
Date: Thu, 7 Feb 2008 17:51:23 -1000

Please copy as committee handout for this hearing

Dear Honorable Rep. Josh Green, M..D. and Honorable John Mizuno, Vice Chair

My name is Victor Brandt. I am 49 years old and have lived and worked in Honolulu most of my life. First of all I applaud you for creating this bill and trust and hope that "good" will prevail. I believe you are about to create history in taking aspartame out of our foods. It will not only enhance the lives of those living on our islands but a statement like this will most definitely reverberate around the world in such a positive way that it will awaken the unassuming general public to understand that maybe it's aspartame in their diet that's making them sick. It will surely be significant. So please, stand strong in the face of the many lobbyist who will definitely be in your face to tell you there's no conclusive evidence. And remember, they're paid to say that!!

As for my story. It is quite simple and I feel lucky compared to many that I have met over the years, that like me, were mixed up with aspartame and experienced many of it 92 possible symptoms, a list, by the way, that the FDA actually created prior to it's 'underhanded"
approval in the early 80's by a quick moving Donald Rumsfeld. (At the bottom of my testimonial is a Letter from Dr. Betty Martini addressed to one of the Editors in Honolulu several weeks ago...she eloquently tells the story of how this addictive excitoneurotoxic carcinogenic drug got approved...a very worthwhile read!)

My problems started in the early 90's. I was addicted to sugar, probably had been since I was born, but I was consuming way too much sugar in the form of chocolates, ice cream, cookies and soda. I didn't feel all that bad, but wanted to get off the up and down mood swings that I was experiencing, so on a New Year's resolution I drop sugar from my diet. Naturally I still had a sweet tooth and became attracted to everything "Sugar Free". I switched my diet and started consuming sugar free cookies, candies and chewed several packs of sugar free gum per day. Unsuspectingly I was consuming a lot of Aspartame. My health started going into a tail-spin and I had no idea why nor knew anything about aspartame at the time.

I made it through all of the 90's, but at times I would have preferred to die. I had developed very challenging health issues along the way including severe headaches, joint pain, fatigue, insomnia, heart palpitations, rashes, asthma, blurred vision and I even became so irritable at times with those around me that I felt like I was about to explode. All the doctors and health specialist I met said I was fine and they could find nothing wrong. I saw Western Doctors and had numerous test performs from food allergies to lost nerve sensation in my arms and legs. I then started to seek help from Naturopaths, Chiropractors, Acupuncturist, Massage Therapist, Colonic Therapist all to no avail. I also read numerous books on health and nutrition. I thought I tried just about everything and it was expensive!

However, it wasn't until I heard Dr. Betty Martini on a radio talk show that a light bulb went off. She talked for about a hour on the effects of Aspartame poisoning and I related to many of the symptoms she mentioned. She also talked about how it was wrongly approved and how the FDA actually denied approval on this product for many years before it was eventually approved.

From that day forward I stopped all the sugar free treats and became an avid reader of product labels. I read more books on the subject and found information on numerous websites. I started to shop wisely and buy only products that were made without aspartame or other artificial sweeteners or even artificial flavors. It's been well over 6 years since that light went off and I'm happy to say that my health has returned to about 90%. I continue to stay strong in my conviction and self discipline in avoiding aspartame and other artificial sweeteners as well as MSG but it's not easy, especially if you eat out a lot. It's hard to read labels at a restaurant.

Yesterday I was showing a client an older home in Kaimuki. It was close to being a 'tear-down' and as the listing broker walked us through the house, I couldn't help but notice all the clear plastic bags of yet to be recycled diet soda cans. My first thought was "whew, I bet that made someone sick." Then as we walked through the debris and into the back portion of the house, there were two middle-aged men that appeared to be sleeping. It was in the middle of the day so I asked the broker who they were and if they were alright. He said that they are cousins and he didn't think anything was wrong with them physically, but maybe mentally. I thought to myself that's what happens when you get hooked on aspartame. This stuff was a science experiment gone wrong and does not belong in the human body. If you use it long enough, it will destroy you. I will forever adamantly avoid this stuff and other artificial sweeteners as much as possible...as most of my friends and co-workers will attest.

Please ask your fellow representatives to stand tall against the money hunger manufacturers and their bought and paid for lobbyists who must not have no consciousness.

Very sincerely,

Victor Brandt

-

From Dr. Betty Martini, Founder of Mission Possible International (warning the world off aspartame, operations in 38 nations.) Here is her letter to our newspaper editor:

Dear Editor:

Thank you for helping to get the news out on banning aspartame (NutraSweet/Equal/Spoonful, etc.) from the great state of Hawaii.

Yes it is linked to 92 symptoms including death from the FDA themselves. Here is that report on FDA stationery:
<http://www.mpwhi.com/92_aspartame_symptoms.pdf>http://www.mpwhi.com/92_aspar
t
ame_symptoms.pdf
However, there are many more listed including all kinds of diseases and tumors in the 1000 page medical text by H. J. Roberts, M.D., Aspartame Disease: An Ignored Epidemic, <www.sunsentpress.htm>www.sunsentpress.com

Dr. Kalani Brady, a physician at the John A. Burns School of Medicine educates on diabetes. You have to wonder what is behind his statement of it being safe when aspartame has triggered an epidemic of diabetes. It not only can precipitate diabetes but simulates

and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve from the free methyl alcohol, causes diabetics to go into convulsions and even interacts with insulin. It's the methanol, a severe metabolic poison that is causing so many diabetics to lose their limbs. Dr. Brady should get a copy of Dr. Roberts medical text since he is a diabetic specialist and took care of aspartame victims in the trenches of medical practice for decades. There is a large chapter on diabetes and its mechanisms. Here is an excellent letter written to Senator Ortiz y Pino in New Mexico on the subject.
<http://www.wnho.net/letter_to_senator_goyp_concerning_aspartame.htm>http://w
w
w.wnho.net/letter_to_senator_goyp_concerning_aspartame.htm
Perhaps you can forward it to Dr. Brady along with this Journal of the Diabetic Association of India:
<http://www.dorway.com/barua.html>http://www.dorway.com/barua.html

While the FDA today is the Aspartame Industry's Washington Branch Office, they originally fought approval to the point of asking for the indictment of the manufacturer. US Prosecutors Sam Skinner and William Conlon hired on with the defense team and the statute of limitations expired. The FDA actually revoked the petition for approval because they were so concerned about it triggering brain tumors and that it couldn't be proven safe. Here is the Board of Inquiry Report:
<http://www.mpwhi.com/fda_petition1.doc>http://www.mpwhi.com/fda_petition1.do
c

You will notice in the commentary above it there is a clip from Sweet Misery: A Poisoned World, an aspartame documentary, with Attorney James Turner explaining how Don Rumsfeld got this deadly chemical poison on the market when the FDA said "no".

They knew the FDA Commissioner would never over-rule the revoked petition for approval, so a call was made to him at 3:00 A.M. from the Reagan Transition Team asking him to resign. Here is a recent letter from his wife who was with him when that call came in:
<http://www.mpwhi.com/letter_about_jere_goyan.pdf>http://www.mpwhi.com/letter
_
about_jere_goyan.pdf
Rumsfeld was on Reagan's transition team and said he would call in his markers and get it approved. The day after Reagan took office he appointed Dr. Arthur Hull Hayes as FDA Commissioner to do the deadly deed. Knowing it would take 30 days to get Hayes to FDA, President Reagan actually wrote an Executive Order making the FDA powerless to do anything about aspartame. Hayes over-ruled the Board of Inquiry and then went to work for the PR Agency of the manufacturer for $1000.00 a day on a ten year contract. Quite a reward.

There was so much outrage as people began being poisoned there were three congressional hearings but the bill to put a moratorium on aspartame and have the NIH do independent studies on the horrors they were seeing in the population never got out of committee.
<http://dorway.com/dorwblog/?page_id=65>http://dorway.com/dorwblog/?
page_id=65
This was due to Senator Orrin Hatch we believe who was paid by Monsanto who had now bought Searle. Today they have sold to four entities including Ajinomoto and Merisant.

We have added most of the original government documents to web, perhaps the reason Dr. Brady appears not to want people to check out the Internet. If he is really sincere about wanting to educate diabetics perhaps he should get on the Internet and also get copies of medical texts on the subject. This includes Excitotoxins: The Taste That Kills by neurosurgeon Russell Blaylock, M.D.
<http://www.sunsentpress.com>www.sunsentpress.com If he wants scientific peer reviewed studies here's the research Dr. Ralph Walton did for 60 Minutes in 1996 when Dr. John Olney made world news on the aspartame brain tumor connection. Aspartame breaks down to DKP, a brain tumor agent.
<http://www.dorway.com/peerrev.html>http://www.dorway.com/peerrev.html
Here's 13 more studies in the last 24 months showing aspartame
toxicity:
<http://www.mpwhi.com/13_aspartame_research_studies.htm>http://www.mpwhi.com/
1
3_aspartame_research_studies.htm

How bad can it get? Here is the Trocho Study showing the formaldehyde converted from the free methyl alcohol embalms living tissue and damages DNA:
<http://www.mpwhi.com/formaldehyde_from_aspartame.pdf>http://www.mpwhi.com/fo 000078

r
maldehyde_from_aspartame.pdf
I spoke to the researcher when I was in Barcelona and he told me aspartame can kill 200 million. It already has, all you have to do is read the medical text and see how many neurodegenerative diseases and tumors it causes. Some women have lost as many as 8 babies on aspartame because its an abortifacient, with no warning on the label.

If you want to know how the aspartame industry fixes studies to attempt to show an addictive excitoneurotoxic carcinogenic drug shows safety, read some of these which explain the process:
<http://www.holisticmed.com/aspartame/abuse/seizures.html>http://www.holistic
m
ed.com/aspartame/abuse/seizures.html

These are the ones on seizures. If you want more just let me know.
They are pro's at flawed studies. In fact, the FDA audit, the Bressler Report is included in this article where I showed the FDA admitted to destroying incriminating aspartame information that was left out of that report:
<http://www.mpwhi.com/fda_gate.htm>http://www.mpwhi.com/fda_gate.htm

As to economics, its about time there is concern about the mass poisoning of the public with this deadly poison. You will notice in this New York Times article after Dr. Soffritti did the Ramazzini Study peer reviewed by 7 world experts showing aspartame to be a multipotential carcinogen, the FDA was asked why they didn't ban aspartame:
<http://www.nytimes.com/2006/02/12/business/yourmoney/12sweet.html?
pagewanted=all>http://www.nytimes.com/2006/02/12/business/yourmoney/12sweet.h
t
ml?pagewanted=all

Notice the only concern of the FDA was the economics of the manufacturers. The FDA should be so concerned about safe food and drugs and the health of a nation, and even the world.

When I lectured in New Zealand when Abby Cormack almost died from Wrigley's aspartame gum
<http://www.mpwhi.com/abby_cormack_story.htm>http://www.mpwhi.com/abby_cormac
k
_story.htm
I spoke with Food Standards. They assured me there had been no studies in NZ and they relied on the FDA. So the FDA is responsible for all these sick people like Abby because they lied about aspartame safety. Because of the publicity in NZ a lot of companies are taking a stand and warning about aspartame:
<http://www.mpwhi.com/beginning_to_feel_like_victory.htm>http://www.mpwhi.com
/
beginning_to_feel_like_victory.htm
The Safe Food Campaign of New Zealand has a petition for ban.
<mailto:alison@safefood.org.nz>alison@safefood.org.nz Here is the whole New Zealand story published in "Investigate" - Dying For a Diet Coke, by journalist extraordinaire , Chris Wheeler, Mission Possible New Zealand:
<http://www.rense.com/general78/dying.htm>http://www.rense.com/general78/dyin
g
.htm

Understand until Don Rumsfeld (Rumsfeld's Plague) the FDA did speak out about aspartame. Here is what their FDA toxicologist told Congress:

On August 1, 1985 the FDA's own toxicologist, Dr. Adrian Gross, told Congress at least one of Searle's studies "has established beyond ANY REASONABLE DOUBT that aspartame is capable of inducing brain tumors in experimental animals and that this predisposition of it is of extremely high significance. ... In view of these indications that the cancer causing potential of aspartame is a matter that had been established WAY BEYOND ANY REASONABLE DOUBT, one can ask: What is the reason for the apparent refusal by the FDA to invoke for this food additive the so-called Delaney Amendment to the Food, Drug and Cosmetic Act?"

The Delaney Amendment makes it illegal to allow any residues of cancer causing chemicals in foods. In his concluding testimony Gross asked, "Given the cancer causing potential of aspartame how would the FDA justify its position that it views a certain amount of aspartame as constituting an allowable daily intake or 'safe' level of it? Is that position in effect not equivalent to setting a 'tolerance' for this food additive and thus a violation of that law? And if the FDA itself elects to violate the law, who is left to protect the health of the public?" Congressional Record SID835:131 (August 1, 1985)

So here is the admission by the FDA toxicologist who was on site that the FDA violated the law, and that's why this deadly poison is on the market today.

Dr. John Olney who founded the field of neuroscience called excitotoxicity and tried to prevent approval, wrote a 49 page report to the Board of Inquiry on how it would destroy the brains of our children, and the unborn. Here is that report:
<http://www.wnho.net/dr_olney1.doc>http://www.wnho.net/dr_olney1.doc
Here's the Report For Schools, articles by renowned aspartame experts to save the children:
<http://www.mpwhi.com/report_on_aspartame_and_children.htm>http://www.mpwhi.c
o
m/report_on_aspartame_and_children.htm

This was necessary because Dr. Olney's prophecy was fulfilled and aspartame has destroyed a generation of children. It's an abortifacient and teratogen (triggers birth defects) and endocrine disrupting agent. Everything is a matter of public record.
Lobbyists, flacks, front groups, the manufacturers and paid prostitutes weave stories of deceit, but the simple truth is like Dr.
James Bowen told the FDA 20 years ago, aspartame is mass poisoning of the world:
<http://www.dorway.com/drbowen.txt>http://www.dorway.com/drbowen.txt

I hope you will continue to broadcast the facts and help the people of Hawaii know the truth and set the ones who use it free of their afflictions. Here is the paper by neurosurgeon Russell Blaylock, M.D., "What To Do If You Have Used Aspartame",
<www.wnho.net/wtdaspartame.htm>www.wnho.net/wtdaspartame.htm

If you wish to show the aspartame documentary, Sweet Misery: A Poisoned World, on TV please contact <http://www.soundandfury.tv>www.soundandfury.tv

All my best,

Betty

<outbind://91/www.mpwhi.com>www.mpwhi.com, www.dorway.com and <outbind://91/www.wnho.net>
www.wnho.net Aspartame Toxicity Center, <outbind://91/www.holisticmed.com/aspartame>
www.holisticmed.com/aspartame
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000080

From: Stephen Fox [stephen@santafefineart.com]
Sent: Monday, February 11, 2008 2:34 PM
To: HLTtestimony
Cc: Rep. Mele Carroll; Janice Lehner
Subject: Fw: HB 2680 to ban aspartame in Hawaii, from Sue Vogan

---------- Forwarded Message -----------
From: "Stephen Fox" <stephen@santafefineart.com>
To: LEHNER@CAPITOL.HAWAII.GOV
Sent: Fri, 8 Feb 2008 17:44:03 -0600
Subject: Fw: HB 2680 to ban aspartame in Hawaii, from Sue Vogan

---------- Forwarded Message -----------
From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
To: bettym19@mindspring.com
Sent: Fri, 08 Feb 2008 13:38:30 -0500
Subject: HB 2680 to ban aspartame in Hawaii, from Sue Vogan

February 8, 2008

Dear Chairman Dr. Green, Vice Chairman Mizuno, and members of the Hawaiian House Health Committee:

As an aspartame user for well over 20-years, I know firsthand what this chemical can do - vision problems, memory difficulties, severe headaches, mood swings, weight gain, rigors, anemia, dehydration, and addiction.

After taking aspartame out of my home and life, I have started to regain my health and the headaches have virtually disappeared. I no longer use anything with this deadly chemical and commend you for taking the same stand. If not for people such as this committee, people living and visiting Hawaii would go on to have the many ailments or even death. What better way to let the Hawaiian population know that you truly care about their health and well-being than to literally save them from undue pain and suffering? I can think of no better.

Thank you for your time and this great effort.

Regards,

Sue Vogan

Published author, radio show host, journalist, book reviewer

3309 Walnut Grove Drive

LaGrange, NC 28551

252-566-9559
------- End of Forwarded Message -------
------- End of Forwarded Message -------

000081

Honorable Rep. Josh Green, M.D., Chair:

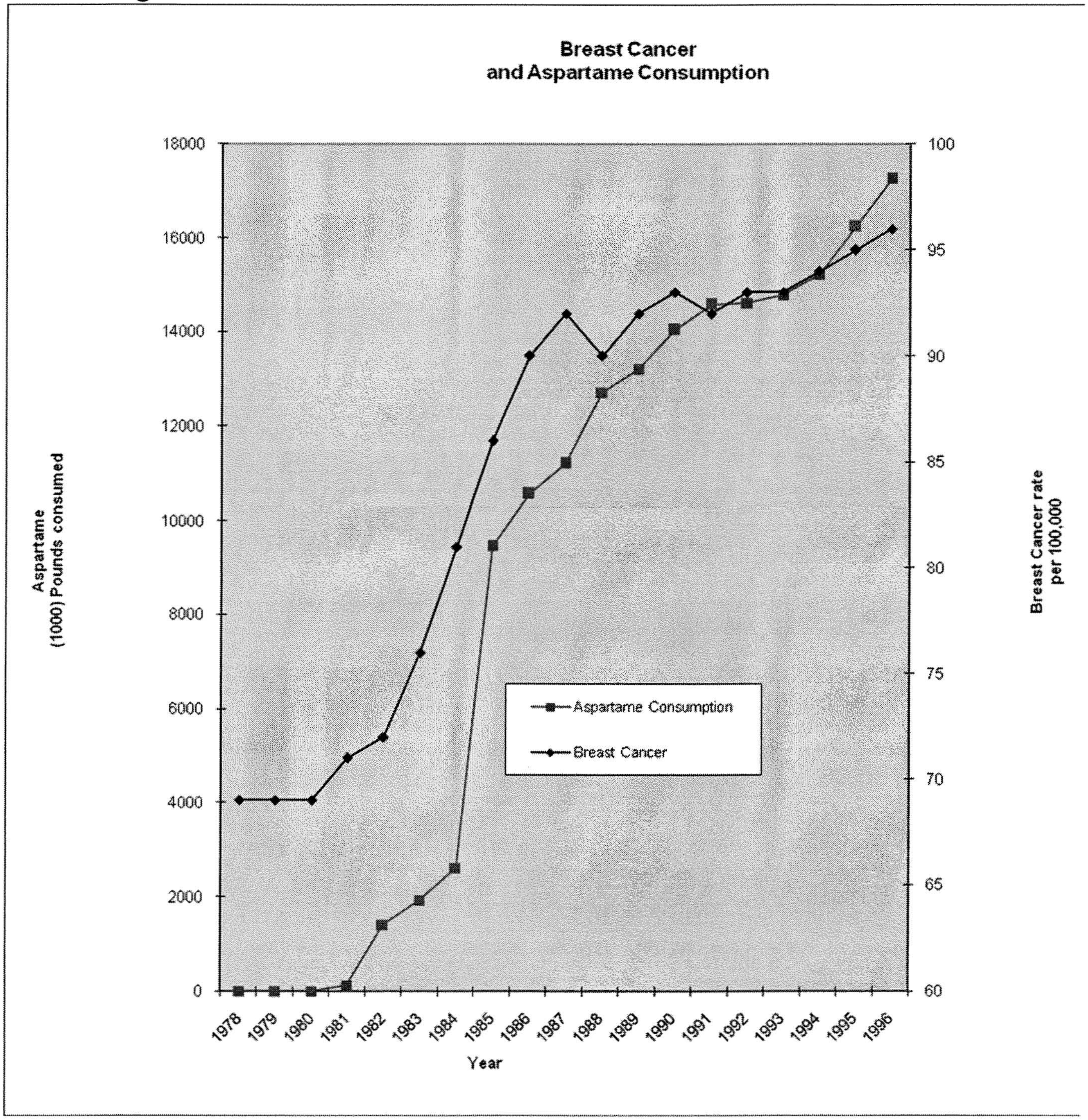
Aspartame consumption as a causative agent of Breast Cancer

Woodrow C. Monte Ph.D.
Professor of Food Science, Arizona State University (Retired)
Page, Arizona
woodymonte@canyoncountry.net

It is a pleasure to be writing to a physician. The mechanism of Aspartame poisoning is so much easier to explain to someone with a medical background.
I am a retired Professor of Food Science from Arizona State University. I have studied, researched and written about Aspartame since 1983, shortly after its manufacturer applied to the FDA to expand its use as an additive to soft drink beverages. In 1984 I published a scientific paper warning of the potential harm that Aspartame might cause by increasing the methanol consumption of the unwary consumer(1).
I have within the last 3 months published 3 additional articles chronicling, in detail, the aftermath of 27 years of Aspartame poisoning of the general public(78,194,202). These articles and all of the reference material that they draw on are freely available on my website.
http://www.thetruthaboutstuff.com/
Article 1 http://www.thetruthaboutstuff.com/review1.shtml
Article 2 http://www.thetruthaboutstuff.com/review2.shtml
Article 3 http://www.thetruthaboutstuff.com/review3.shtml

Every molecule of Aspartame converts to methanol within minutes of being consumed. The first step in methanol metabolism is production of formaldehyde. After the liver the greatest concentration of Class I Alcohol Dehydrogenase Enzyme ADH) in the human body is located in the endothelial tissue of the human breast(190b). It is human ADH that converts methanol into formaldehyde, a powerful carcinogen.

The chart below shows the relationship between Aspartame consumption and the increase of breast cancer in the United States. Similar increases in breast cancer(190) have occurred in other aspartame consuming countries of the world.



Formaldehyde is a powerful cancer causing agent, one of the handful of chemicals classed as a Group I carcinogen by the IARC, the International Agency for Research on Cancer, Lyon, France(11), because of this there is no known safe level of formaldehyde exposure. Formaldehyde from contaminated air, at very low concentrations(11), causes cancer in humans. Gaseous environmental formaldehyde causes nasopharyngeal cancer, however, it is not known, in the gaseous form, to cause breast cancer. The probable reason for this is that formaldehyde has an extremely high reactivity(201) it reacts with and does its damage to the first human tissue with which it makes contact. Formaldehyde does not travel well in protein rich blood supply(122) and because of this it is blocked from reaching the breast and other internal organs. The only way that formaldehyde can reach the mammary tissue, aside from purposely injecting formaldehyde solution(122) (as in embalming) is to disguise the formaldehyde as methanol. The methanol from Aspartame can reach a woman's breast and will there is readily converted into formaldehyde by ADH(190b).

It is not possible to prevent Aspartame from producing the cancer causing compound formaldehyde in a woman's breast(78). All of the methanol in diet soda must be transformed into formaldehyde before the body can metabolize it. The scientifically acclaimed Ramazzini Institute recently found consumption of Aspartame over time caused Breast Cancer in Rats(50). The methanol that is responsible for producing this formaldehyde is also found in our processed food supply, the average modern woman not exposed to diet products consumes, conservatively, less than 8 milligrams of it a day(1). One can of diet soda contains over 4 times this amount, one liter almost 20 times what would be average. Primitive and or impoverished woman consume little methanol and are protected, to a very great extent, from breast cancer. Conversely increased consumption of Aspartame has caused breast cancer rates to increase dramatically(194).

It can be shown that the incidence of breast cancer has increased dramatically in populations exposed to Aspartame(194).

The breast is an organ with no way to protect itself from formaldehyde with no means to render it harmless. The methanol, always produced when Aspartame is consumed (20,51),will convert directly into formaldehyde, there is no intermediate compound or alternate path(7,30). Alcohol dehydrogenase ADH is required for the conversion of methanol to formaldehyde(112). ADH is not a common enzyme in the human body, not many cells in the human body contains this enzyme. The human breast is one of the few organs in the body with a high concentration of ADH(190b) and it is found there exclusively in the mammary epithelial cells, the very cells known to transform into adenocarcinoma(190c) (breast cancer).

The most recent breast cancer scientific literature implicates ADH as perhaps having a pivotal role in the formation of breast cancer, indicating a greater incidence of the disease in those with higher levels of ADH activity in their breasts(190a). One article went so far as to implicate acetaldehyde as a potential culprit(190a). Acetaldehyde is the molecule that ethanol is metabolized into by ADH, the first step in the manufacture of vinegar, a beneficial molecule with no link to carcinogenicity, what so ever. Recent scientific literature is a desert when it comes to methanol. It is as if there were no such thing as methanol in the environment as if methanol did not exist, as if all the laboratories doing work in methanol toxicity had vanished from the face of the earth 40 years ago and with them the science of methanol poisoning(39).

The truth is that methanol acts as a golden bullet, wasting none of its destructive power but administering a carcinogen directly inside those breast cells most vulnerable to cancer.

All of the hundreds of test that were done to prove Aspartame safe were done on animals insensitive to methanol poisoning(78). This was well known to the company who invented Aspartame, why else would they have hired the worlds methanol research laboratories to help them prove aspartame was safe(39) These animals have a specialized catalase enzyme in their livers that humans do not(55). Catalase keeps methanol out of their general circulation and therefore they are mostly immune to methanol as a poison. Many thousands of people lost their lives in the early nineteen hundreds when methanol was allowed in foods and medications after it was proven falsely safe by trusting methanol safety testing done on an identical array of animals(17,30).

Twenty six years ago I traveled from my laboratory at Arizona State University to Washington DC to view the results of the testing done by the company who invented Aspartame and were seeking it's approval for use in carbonated beverages. I will never forget viewing the data from the only high dosage human consumption study done on diabetics. This study was never to be repeated. Before the test began the subjects were screened for all manner of illnesses and certified disease free (save from diabetes) as a prerequisite to being accepted into the study. During that study, after 11 weeks of high dose aspartame consumption two of the women developed epithelial cancer. Both were removed from the study, one had a mastectomy, subsequent pathology tested conclusively for adenocarcinoma. To my most profound horror, the executive summary of that study concluded that Aspartame was safe! The rational used to ignore the fact that none of the placebo group but fully 8% of the Aspartame consumption subjects developed epithelial cancer during the high dosage consumption study was that "no such cancers were seen in the numerous animal studies"(48). The Bressler Report exposed that this was a lie (197), These cancers should have never been ignored.

I can not say that methanol is the only cause of breast cancer, there are so many other poisons in our modern environment. I will say that it is intuitively obvious that there would be no good done producing one more cancer causing agent inside a sensitive breast cell already exposed to other cancer causing agents.

Reference List For All Three Recent Articles

1. Monte WC. 1994. Aspartame; Methanol and the Public Health. *Journal of Applied Nutrition*. 36(1):42

2. Monte WC, Glanzman D. and Johnston CS. 1990. Methanol as a Model Etiologic Agent in Multiple Sclerosis. *FASEB* 74th annual meeting Feb 26;4(3):Abstract

3. Personal Comunication,2006. Bill Richardson, 1/1/2006

4. Kallen RG, Jencks WP. 1966. Equilibria for the Reaction of Amines with Formaldehyde and Protons in Aqueous Solution. *J Biol Chem* 241 (24): 5864

5. Henzi, H. 1980. The Methanol Hypothesis A New Concept of Multiple Sclerosis: (M Sr N), Juris Druck, Zurich (1980)

6. Schwyzer, RU. Henzi, H. 1983. Multiple Sclerosis: Plaques Caused by 2-Step Demyelination? *Medical Hypothesis*. 12:129

7. Trocho C., Pardo R, Fafecas I, Virgili J, Remesar X, Fernandez-Lopez, J A. Formaldehyde derived from dietary aspartame binds to tissue components in vivo. *Life Sci* 1988: 63: 337

8. Henzi, H. 1984. Chronic Methanol Poisoning with the Clinical and Pathologic-Anatomical Features of Multiple Sclerosis *Medical Hypothesis*. 13:63

9. Schwyzer, RU. Henzi, H. 1988. Reflections on the Pathogenesis of Optic (Retrobulbar) Neuritis in Multiple Sclerosis. *Medical Hypothesis*. 27:167

10. Schwyzer, RU. Henzi, H. 1992. Multiple Sclerosis: Prevention of Serious Illness – Vision of a Desired Future for Newly Ascertained Patients. *Medical Hypothesis*. 37:115

11. Rousseau M-C, Straif K. Siemiatycki J. 2005, IARC Carcinogen Update. *Environmental Health Perspectives* 113, (9) A580

12. Apol AG. 1981. Health Hazard Evaluation Report. PB82-19464 8. NIOSH U. S .Dept. of Health and Human Services HETA 81-177, 178,988 University of Washington Seattle, Washington

13. Center for Disease Control 1976. Occupational Exposure to Methyl Alcohol. U.S. Department of Health, Education, and Welfare HEW.NIOSH Pub No .(76-148)

14. Anonymous1984. Aspartame for use as a Sweetener in Carbonated Beverages. Searle Research and Development. Petition submitted to the United States Food and Drug Administration - FAP 2A3661

15. Eisenberg AA. 1917. Visceral Changes in Wood Alcohol Poisoning by Inhalation. *American Journal of Public Health*. 7:765

16. Bennett IL, Cary FH, Michell GL. and Cooper MN. 1953. Acute Methyl Alcohol Poisoning; A Review Based on Experience in an Outbreak of 323 Cases. *Medicine* 32:431

17. Wimer WW, Russell JA, and Kaplan HL. 1983. Alcohols Toxicology. Alcohols Toxicology, Noyes Data Corporation. 8

18. Gaul HP, Wallace CJ, Auer RN, et al. 1995. MR findings in methanol intoxication. *AJNR Am J Neuroradiol* 1995;16:1783

19. Francot P and Geoffroy P. 1956. Le Methanol dans les jus de fruits, les boissons, fermentees, les alcools et spiritueux. *Revue Des Fermentations Et Des Industries Alimentaires*. 11:279

20. Davoli F. Cappellini L. Airoldi L. Fanelli R. 1986. Serum methanol concentrations in rats and in men after a single dose of aspartame. Food Chem Toxicol. 24(3):187

21. Schneck SA. 1979. Methyl alcohol. Handbook of Clinical Neurophysiology. 36:351

22. Personal Communication

23. Horiuchi S, Takata K, and Morino Y. 1985. Scavenger Receptor for Aldehyde-modified Proteins. *The Journal of Biological Chemistry*. 261(11):4962

24. Horiuchi S, Takata K, and Morino Y. 1985. Purification of a Receptor for Formaldehyde-treated Serum Albumin from Rat Liver. *The Journal of Biological Chemistry*. 260(1):482

25. Horiuchi S, Takata K, and Morino Y. 1985. Characterization of a Membrane-associated Receptor from Rat Sinusoidal Liver Cells That Binds Formaldehyde-treated Serum Albumin. *The Journal of Biological Chemistry*. 260(1):475

26. Metz, B., W. Jiskoot, W.E. Hennink, D.J.A. Crommelin, and G.F.A. Kersten, Physicochemical and immunochemical techniques predict the quality of diphtheria toxoid vaccines. *Vaccine*, 2003. 22: 156-167

27. Streitwieser A and Heathcock CH. 1985. Introduction to Organic Chemistry. Macmillan Publishing Co. 3rd Ed.:357

28. Kirchner JG and Miller JM. 1967. Volatile Water-Soluble and Oil Constituents of Valencia Orange Juice. *Agricultural and Food Chemistry*. 5(4):283

29. Lund ED, Kirkland CL, and Shaw PE. 1981. Methanol, Ethanol, and Acetaldehyde Contents of Citrus Products. *Agricultural and Food Chemistry*. 29:361

30. Koivusalo M. 1956. Studies on the Metabolism of Methanol and Formaldehyde in the Animal Organism. *Acta Physiologica Scandinavica*. 39.:1

31. Buys CHCM, De Jong ASH, Bouma JMW, and Gruber M. 1975. Rapid Uptake by Liver Sinusoidal Cells of Serum Albumin Modified with Retention of its Compact Conformation. *Biochimica et Biophysica Acta*. 392:95

32. Buys CHCM, Elferink GL, Bouma JMW, Gruber M, and Nieuwenhuis P. 1973. Proteolysis of Formaldehyde-treated Albumin in Kupffer Cells and Its Inhibition by Suramin. *Journal of the Reticuloendothelial Society*. 14:209

33. Gruner O and Bilzer N. 1983. Methanol content of fruit-juices. Its significance in congener analysis. *Blutalkohol*. 20:241

34. Casey JC, Self R, and Swain T. 1963. Origin of Methanol and Dimethyl Sulphide from Cooked Foods. *Nature*. 200:885

35. Braverman JBS and Lifshitz A. 1957. Pectin Hydrolysis in Certain Fruits during Alcoholic Fermentation. *Food Technology*. July:356

36. Campbell LA and Palmer GH. 1994. Pectin in Topics in Dietary Fiber Research. Pectin in Topics in Dietary Fiber Research, Spiller GA and Amen RJ (eds.).Plenum Press, New York, 105

37. Fink WH. 1994. The ocular pathology of methyl-alcohol poisoning. *Amer J Ophthal*. 26:694,802

38. Millman RB. 1982. Alcohol; The Friendly Foe. In *Science Year, The World Book Science Annual*. 112

39. Gordon G. 1987. UPI Investigative Report NutraSweet Questions Swirl (How Sweet It Isn't). *Seattle Times* Oct.:

40. Tephly TR: 1999. Comments on the purported generation of formaldehyde from the sweetener aspartame. *Life Sci* 65: 157-160. [letter, not peer-reviewed]

41. Lutton JD. Winston R. Rodman TC. 2004. Multiple Sclerosis: Etiological Mechanisms and Future Directions. *Experimental Biology and Medicine* 229:12-20

42. Eisenberg AA. 1917. Visceral Changes in Wood Alcohol Poisoning by Inhalation. *American Journal of Public Health*. 7:765

43. Alexander L, Berkeley AW, and Alexander AM. 1961. Multiple Sclerosis Prognosis and Treatment. Multiple Sclerosis Prognosis and Treatment. Charles C Thomas Publisher USA

44. Hallpike JF, Adams CWM, and Tourtellotte WW. 1983. Multiple Sclerosis. Pathology, diagnosis and management, Williams & Wilkins, Baltimore

45. History of MS, 2007 Multiple Sclerosis Trust, http://www.mstrust.org.uk/information/a2z/history.jsp

46. The History of Food Canning. http://www.westlerfoods.com/pdf/canning_process.pdf

47. Scientific Abuse in Methanol / Formaldehyde Research related to Aspartame http://www.holisticmed.com/aspartame/abuse/methanol.html

48. Anonymous1994. Aspartame for use as a Sweetener in Carbonated Beverages. Searle Research and Development. Petition submitted to the United States Food and Drug Administration - FAP 2A3661

49. Methanol Danger Sign, T&B Westline

50. Soffritti M. Belpoggi F. Esposti DD. Lambertini L. Tibaldi E. and Rigano A. 2006,Results of Long-Term Carcinogenicity Bioassay on Sprague-Dawley Rats Exposed to Aspartame Administered in Feed. *Ann. N.Y. Acad. Sci.* 1076: 559

51. Soffritti M. Belpoggi F. Cevolani D. Guarino M. Padovani M. and Maltoni C. 2002,Results of Long-Term Results of Long-Term Experimental Studies on the Carcinogenicity of Methyl Alcohol and Ethyl Alcohol in Rats *N.Y. Acad. Sci.* 982: 46

52. Roe O. 1982. Species Differences in Methanol Poisoning. I. Minimal Lethal Doses, Symptoms, and Toxic Sequelae of Methanol Poisoning in Humans and Experimental Apter 18,376,390. *CRC Critical Reviews in Toxicology*. 275

53. Rao KR, Aurora AL, Muthaiyan S, and Ramakrishnan S. 1977. Methanol toxicity - an experimental study. *Bull. Jawaharlal Inst. Post-Grad.Med.Educ.Res.* 2:1

54. Walton, R.G., R. Hudak, and R.J. Green-Waite. 1993. Adverse Reactions to Aspartame: Double-Blind Challenge in Patients from a Vulnerable Population. *Biological Psychiatry* 34:13

55. Smith EN and Taylor RT. 1982. Acute Toxicity of Methanol in the Folate-Deficient Acatalasemic Mouse. *Toxicology* 25:271

56. Thomas P. 2005 Aspartame: The Shocking Story of the World's Bestselling Sweetener. *The Ecologist* Sept. 36

57. Department of Health and Human Services U.S. FDA. 1979 Decision of the Public Board of Inquiry (Docket No. 75F-0355). 44 Fed. Reg. 31716

58. Center for Disease Control 1984. Evaluation of Consumer Complaints Related to Aspartame Use. *Morbidity and Mortality Weekly Report*. 33:605

59. Center for Disease Control 1976. Occupational Exposure to Methyl Alcohol. U.S. Department of Health, Education, and Welfare HEW.NIOSH Pub No .(76-148)

60. Office of Hon Pete Hodgson, NZ Minister of Health. 2007, Personal Communication

61. Frankenburg WG. 1950. Chemical Changes in the Harvested Tobacco Leaf. Part II. Chemical and Enzymic Conversions during Fermentation and Aging. *Advances in Enzymology*. 10:351

62. Neuberg C. Kobel M. 1939. Uber die encymatische Abspaltung von Methylalkohol aus Pektin durch ein Ferment dis Tabaks. *Zeitschrift für Lebensmitteluntersuchung und -Forschung* A 77:3 272

63. Newsome JR, Normal V, and Keith CH. 1965. Vapor Phase Analysis of Cigarette Smoke. *Tobacco Science* 9:102

64. Larsson BT. 1965. Gas Chromatography of Organic Volatiles in Human Breath and Saliva. *Acta Chemica Scandinavica.* 19:159

65. Fellenberg T von. 1918. Uber den Nachweis und die Bestimmung des Methylalkohols, sein Vorkommen in den verschiedenen Nahrungsmitteln und das Verhalten der methylalkoholhaltland. *Biochem Z.* 85:45

66. Kertesz ZI. 1951. The Pectic Substances. The Pectic Substances. New York; Interscience Publishers Inc.

67. Hernan MA. Olek MJ. Ascherio A. 2001 Cigarette Smoking and Incidence of Multiple Sclerosis. *American Journal of Epidemiology* 154:69-74

68. Miguel AH. Jick SS. Logroscino G. Olek MJ. Ascherio A. and Jick H. Cigarette smoking and the progression of multiple sclerosis. *Brain* 2005 128(6):1461-1465

69. Barclay L. Lie D. Smoking May Transform Relapsing-Remitting MS Into Secondary Progressive MS. Brain. Posted online March 9, 2005. www.medscape.com/viewarticle/503872?rss

70. Hernán MA, Jick SS, Logroscino G, Olek MJ, Ascherio A, Jick H. 2005 Cigarette smoking and the progression of multiple sclerosis. *Brain*. 128(Pt 6):1461-5. Epub 2005 Mar 9

70a. Brey RL. 2003 Cigarette smoking and MS: Yet another reason to quit. *Neurology*. Oct 28;61(8):E11-2

70b. Costenbader KH, Karlson EW. Cigarette smoking and autoimmune disease: what can we learn from epidemiology? *Lupus*. 2006;15(11):737-45

70c. Riise T, Nortvedt MW, Ascherio A. Smoking is a risk factor for multiple sclerosis. *Neurology*. 2003 Oct 28;61(8):1122-4

70d. Hernán MA. Olek MJ. Ascherio A. 2001 Cigarette smoking and Incidence of Multiple Sclerosis. *American Journal of Epidemiology*. 154(1):69-74

71. Nortvedt MW. Riise T. Maeland JG. 2005 Multiple sclerosis and lifestyle factors: The Hordaland Health Study. *Neurol Sci* 26:334-339

72. Bamford RB. Sibley WA. And Thies C. 1983 Seasonal variation of multiple sclerosis exacerbations in Arizona. *Neurology* 33;697-701

72a. Ogawa G. Mochizuki H. Kanzaki M. Kaida K. Motoyoshi K. Kamakura K. 2003 Seasonal variation of multiple sclerosis exacerbations in Japan. Neurol Sci 24;417-419

72b. Abella-Corral J. Prieto JM. Dapena-Bolaño D. Iglesias-Gómez S. Noya-García M. Lema M. 2005 (Seasonal variations in the outbreaks in patients with multiple sclerosis) Rev Neurol 40(7):394-396

73. Hardy CJ. Palmer BP. Muir KR. Sutton AJ. Powell RJ. 1998 Smoking history, alcohol consumption, and systemic lupus erythematosus: a case-control study *Ann Rheum Dis* 57:451-455

74. Landtblom A-M. Flodin U. Sodeifeldt B. Wolfson C. Axelson O. 1996, Organic Solvents and Multiple Sclerosis: A Synthesis of the Current Evidence *Epidemiology* Vol.7 # 4 429-433

75. Grabenstein JD. 2006 Excipient content of U.S. Vaccines *ImmunoFacts: Vaccines & Immunologic Drugs*. St. Louis, MO: Wolters Kluwer Health Inc.

76. Weiner HL. Dau PC. Khatri BO. Petajan JH. Birnbaum G. McQuillen MP. Fosburg MT. Feldstein M. Orav EJ. 1989 Double-blind study of true vs. sham plasma exchange in patients treated with immunosuppression for acute attacks of multiple sclerosis. *Neurology*. 39(9):1143-9

77. Hirtz D. Thurman DJ. Gwinn-Hardy K. Mohamed M. Chaudhuri AR. Zalutsky R. 2007 How common are the "common" neurologic disorders? . *Neurology*. 68:326-337

78. Monte WC. 2007 Sickly Sweet: Is your Diet Sweetener Killing You? *Fitness Life* 33: 30-33

79. Corona T. Roman GC. 2005 Multiple Sclerosis in Latin America. *Neuroepidemiology* 26: 1-3

79a. Celius EG. Vandvik B. 2001 Multiple sclerosis in Oslo, Norway: prevalence on 1 January 1995 and incidence over a 25-year period. *European Journal of Neurology* 8:(5) 463

79b. Barnett MH. Williams DB. Day S Macaskill P. McLeod JG. 2003 Progressive increase in incidence and prevalence of multiple sclerosis in Newcastle, Australia: a 35-year study. *J Neurol Sci.* 15;213(1-2):1-6.

79c. Sumelahti ML, Tienari PJ, Wikström J, Palo J, Hakama M. 2001 Increasing prevalence of multiple sclerosis in Finland *Acta Neurol Scand.* 103(3):153-8

79d. Pugliatti M. Sotgiu S. Solinas G. Castiglia P. Pirastru MI. Murgia B. Mannu L. Sanna G. Rosati G. 2001 Multiple sclerosis epidemiology in Sardinia: evidence for a true increasing risk. *Acta Neurol Scand.* 103(1):20-6

79e. Sundström P. Nyström L. Forsgren L. 2003 Incidence (1988-97) and prevalence (1997) of multiple sclerosis in Västerbotten County in northern Sweden. J Neurol Neurosurg Psychiatry. 74(1):29-32

79f. Pugliatti M. Riise T. Sotgiu MA. Sotgiu S. Satta WM. Mannu L. Sanna G. Rosati G. 2005
Increasing incidence of multiple sclerosis in the province of Sassari, northern Sardinia.
Neuroepidemiology 25(3):129-34. Epub 2005 Jun 29.

79g. Pozzilli C. Romano S. Cannoni S. 2002 Epidemiology and current treatment of multiple sclerosis in Europe today. *J Rehabil Res Dev.* 39(2):175-85

79h. Pugliatti M. Sotgiu S. Rosati G. 2002 The worldwide prevalence of multiple sclerosis. Clin Neurol Neurosurg. 104(3):182-91.

79i. Gallagher L, Lea R. 2005 The epidemiology of multiple sclerosis in New Zealand. N Z Med J. 118(1212):U1396.

79j. Ranzato F, Perini P, Tzintzeva E, Tiberio M, et. al. 2003 Increasing frequency of multiple sclerosis in Padova, Italy: a 30 year epidemiological survey. *Mult Scler.* 9(4):387-92.

80. Grimaldi LM. Palmeri B. Salemi G. Giglia G. D'Amelio M. Grimaldi R. Vitello G. Ragonese P. Savettieri G. 2007 High prevalence and fast rising incidence of multiple sclerosis in Caltanissetta, Sicily, southern Italy. *Neuroepidemiology.* 28(1):28-32. Epub 2006 Dec 8.

80a. Barnett MH. Williams DB. Day S Macaskill P. McLeod JG. 2003 Progressive increase in incidence and prevalence of multiple sclerosis in Newcastle, Australia: a 35-year study. *J Neurol Sci.* 15;213(1-2):1-6.

80b. Granieri E. Casetta I. Govoni V. Tola MR. Marchi D. Murgia SB. Ticca A. Pugliatti M. Murgia B. Rosati G. 2000 The increasing incidence and prevalence of MS in a Sardinian province. *Neurology* 26;55(6):842-8

80c. Grimaldi LM. Salemi G. Grimaldi G. Rizzo A. Marziolo R. Lo Presti C. Maimone D. Savettieri G. 2001 High incidence and increasing prevalence of MS in Enna (Sicily), southern Italy. *Neurology* 57(10):1891-3

81. Kira J. 2006 Epidemiology of multiple sclerosis in Japanese: with special reference to opticopsinal multiple sclerosis. Rinsho Shinkeigaku. 46(11):859-62

81a. Tanaka K, Kujuro Y, Suzuki S, Tanahashi N, Hamada J, Nogawa S, Suzuki N. Clinical and laboratory features of in-patients with multiple sclerosis in a University Hospital in Tokyo from 1988-2002. *Intern Med.* 2005 Jun;44(6):560-6

82. Access Economics, 2005 Acting Positively: Strategic Implications of the Economic costs of Multiple Sclerosis in Australia www.ms.org.au/msinformation/articles/MSFINALREPORTWINTER2005.pdf

83. Lazoff M. 2005 Multiple Sclerosis Symptoms. eMedicin WebMD www.emedicine.com/emerg/topic321.htm#section%7Eauthor_information

84. Waksman B. 1985 Mechanisms in multiple sclerosis. *Nature* 318: 104

85. Leibowitz U and Alter M. 1973. Multiple Sclerosis: Clues to its cause. North-Holland Publishing Co.

86. Kieseier B. Hemmer B. Hartung HP. 2005 Multiple Sclerosis –novel insights and new therapeutic strategies. *Current Opinion in Neurology* 18:211- 220

87. Ibrahim SM. Gold R. 2005 Genomics, promeomics, metabolomics: what is in a word for multiple sclerosis. Current Opinion in *Neurology* 18:231 – 235

88. Wikipedia, the free encyclopedia. 2007 Glial cell. http://en.wikipedia.org/wiki/Glial_cell

89. National Toxicology Program, U.S. Department of Health and Human Services. 2001 NTP-CERHR Expert Panel Report on Reproductive and Developmental Toxicity of Methanol, Draft 7/17/01

90. Gallegher L. Lea R. 2005 The epidemiology of multiple sclerosis in New Zealand. *The New Zealand Medical Journal* 118: 1212

91. Boyles S. 2007 MS Increasingly a Woman's Disease. MedicineNet.com www.medicinenet.com/script/main/art.asp?articlekey=80722

91a. Cutter G. et. al. 2007 Changes in the Sex Ratio over Time in Multiple Sclerosis. 59th Annual Meeting of the American Academy of Neurology, Boston April 28 – May 5, 2007

91b. Hernán MA. Olek MJ. Ascherio A. 1999 Geographic variation of MS incidence in two prospective studies of US women. *Neurology* 53(8):1711-8

91c. Noonan CW, Kathman SJ, White MC. 2002 Prevalence estimates for MS in the United States and evidence of an increasing trend for women. *Neurology* 58(1):136-8

92. Health Effects Institute 1999 Reproductive and offspring Developmental Effects Following Maternal Inhalation Exposure to Methanol in Nonhuman Primates. Research Report Number 89

93. Anonymous1984. Evaluation of Consumer Complaints Related to Aspartame Use. *Morbidity and Mortality Weekly Report.* 33:605

94. Frezza M, di Padova C, Pozzato G, Terpin M, Baraona E, Lieber CS. 1990 High blood alcohol levels in women. The role of decreased gastric alcohol dehydrogenase activity and first-pass metabolism. *N Engl J Med.* 322(2):95-9

95. Pugliatti M, Sotgiu S, Solinas G, Castiglia P, Rosati G. 2001 Multiple sclerosis prevalence among Sardinians : further evidence against the latitude gradient theory *Neurol Sci.* 2001 Apr;22(2):163-5

95a. Rosati G. 2001 The prevalence of multiple sclerosis in the world: an update *Neurol Sci* 22:117-139

96. Mahalik MP and Gautieri RF. 1984. Reflex Responsiveness of CF-1 Mouse Neonates Following Maternal Aspartame Exposure. *Res Commun in Psych.* 9:385

97. National Toxicology Program, U.S. Department of Health and Human Services. 2002 NTP-CERHR Expert Panel Report on Reproductive and Developmental Toxicity of Methanol NTP-CERHR-MeOH-02

98. FightingAutism.org Number of Cases http://www.fightingautism.org/idea/autism.php?

99. Gettler AO. St.George AV. 1918. Wood Alcohol Poisoning. *Journal of the American Medical Association.* 70:145.

100. Sturtevant FM. 1985. Use of Aspartame in Pregnancy. *Int J Fertil.* 30(1):85

101. Anonymous1982. Therapeutic claims in multiple sclerosis. National Multiple Sclerosis Society. National Multiple Sclerosis Society. Jan.:49

102. Sturtevant FM. 1985. Does Aspartame Cause Methanol Toxicity? *Fd Chem Toxic.* 23(10):961

103. Infurna R. Weiss B. 1986 Neonatal Behavioral Toxicity in Rats Following Prenatal Exposure to Methanol *Teratology* 33:259-265

103a. Infurna R, Schubin W, and Weiss B. 1981. Developmental Toxicology of Methanol. *Toxicologist* 1:32

104. Bolon B, Dorman DC, Janszen D, Morgan KT, Welsch F. 1993 Phase-specific developmental toxicity in mice following maternal methanol inhalation. *Fundam Appl Toxicol.* 21(4):508-16

105. Dorman DC, Bolon B, Struve MF, LaPerle KM, Wong BA, Elswick B, Welsch F. 2005 Role of formate in methanol-induced exencephaly in CD-1 mice. *Teratology.* 52(1):30-40

106. Potts AM, Praglin J, Farkas J, Orbison L, and Chickering D. 1976. Studies on the Visual Toxicity of Methanol. VIII. Additional Observations on Methanol Poisoning in the Primate Test Object. *Amer J Ophthal.* 40:76

107. Kavet R and Nauss KM. 1990. The Toxicity of Inhaled Methanol Vapors. *Critical Reviews in Toxicology.* 21:21

108. Rabinovitch and MD IM. 1922. Biochemical Studies in a Fatal Case of Methyl Alcohol poisoning. *Archives of Internal Medicine, Chicago.* 29:821

109. Kane RL, Talbert W, Harlan J, Sizemore G, and Cataland S. 1968. A methanol poisoning outbreak in Kentucky. A clinical epidemiological study. *Arch Environm Hlth.* 17:119

110. Menne FR. 1935. Acute Methyl Alcohol Poisoning, a Report of Twenty-Two Instances with Postmortem Examinations. *Archives of Pathology.* 26:77

111. Bennett IL, Cary FH, Michell GL. and Cooper MN. 1953. Acute Methyl Alcohol Poisoning; A Review Based on Experience in an Outbreak of 323 Cases. *Medicine* 32:431

112. Kini MM and Cooper JR. 1961. Biochemistry of Methanol Poisoning-III; The Enzymic Pathway for the Conversion of Methanol to Formaldehyde. *Biochemical Pharmacology.* 8:207

113. Kini MM and Cooper JR. 1962. Biochemistry of Methanol Poisoning; The Effect of Methanol and its Metabolites on Retinal Metabolism. *Biochemical Journal.* 82:164

114. French D and Edsall JT. 1945. The Reactions of Formaldehyde with Amino Acids and Proteins. *Adv.Protein Chem* 2:277

115. Leaf G and Zatman LJ. 1952. A Study of the Conditions Under Which Methanol May Exert a Toxic Hazard in Industry. *British Journal of Industrial Medicine.* 9:19

116. Cooper JR and Kini MM. 1962. Biochemical Aspects of methanol Poisoning. *Biochemical Pharmacology.* 11:405

117. Cooper JR and Felig P. 1961. The Biochemistry of Methanol Poisoning. II. Metabolic Acidosis in the Monkey. *Toxicol.Appl.Pharmacol.* 3:202

118. Clay KL, Murphy RC, and Watkins WD. 1975. Experimental Methanol Toxicity in the Primate; Analysis of Metabolic Acidosis. *Toxicol.Appl.Pharmacol.* 34:49

119. McLean DR, Jacobs H, and Mielke BW. 1979. Methanol Poisoning A Clinical and Pathological Study. *Annals of Neurology* 8:161

120. Posner HS. 1975. Biohazards of Methanol in Proposed New Uses. *J.Toxicol.Environ.Health* 1:153

121. Stegink LD. Filer LJ Tephly TR. Aspartame – The Book, Marcel Dekker, Inc New York

122. von Oettingen WF. 1943. The Aliphatic Alcohols Their Toxicity and Potential Dangers in Relation to Their Chemical Constitution and Their Fate in Metabolism. *Public Health Bulletin* 281:1

123. Siragusa RJ, Cerda JJ, Baig MM, Burgin CW, and Robbins FL. 1988. Methanol production from the degradation of pectin by human colonic bacteria. *American Journal of Clinical Nutrition.* 47:848

124. Nelson BK, Brightwell WS, MacKenzie DR, Khan A, Burg JR, Weigel WW, and Goad P. 1985. Teratological Assessment of Methanol and Ethanol at High Inhalation Levels in Rats. *Fundam Appl Toxicol.* 5:727

125. Sollmann T. 1920. Studies of chronic intoxications on albino rats. II. Alcohol; Methyl, ethyl, "wood" and acetone. *J Pharmacol Exper Therap*. 16:291

126. Victor M. 1977. Some Observations on the Neurological Effects of Alcohol Intoxication and Withdrawal. Neurotoxicology Raven Press, New York 517

127. Smith SR, Smith SJM, and Buckley BM. 1981. Combined Formate and Lactate Acidosis in Methanol Poisoning. *The Lancet*. 1:1295

128. Fulop, M. 1982. Methanol Intoxication. *The Lancet* Feb.:338

129. Roe, O. 1948. The Ganglion Cells of the Retina in Cases of Methanol Poisoning in Human Beings and Experimental Animals. *Acta Opthalmologica* 26:169

130. Potts AM. 1984. The Aliphatic Alcohols. Handbook of Experimental Pharmacology. 69(*Pharm. Eye*):639

131. Martin-Amat G, McMartin KE, Hayreh SS, Hayreh MS, and Tephly TR. 1978. Methanol Poisoning Ocular Toxicity Produced by Formate. *Toxicology and Applied Pharmacology*. 45:201

132. Makar AB, Tephly TR, and Mannering GJ. 1968. Methanol Metabolism in the Monkey. *Molecular Pharmacology*. 4:471

133. Majchrowicz E. 1973. Biochemical Pharmacology of Ethanol. Biochemical Pharmacology of Ethanol. Plenum Press, New York 122

134. Majchrowicz E and Mendelson JH. 1971. Blood Methanol Concentrations During Experimentally Induced Ethanol Intoxication in Alcoholics. *The Journal of Pharmacology and Experimental Therapeutics*. 179:293

135. Magrinat G, Dolan JP, Biddy RL, Miller LD, and Korol B. 1973. Ethanol and Methanol Metabolites in Alcohol Withdrawal. *Nature*. 244:234

136. Walder AI, Redding JS, Faillace L, and Steenberg W. 1969. Rapid Detoxification of the Acute Alcoholic with Hemodialysis. *Surgery*. 66:201

137. Guggenheim MA, Couch JR, and Weinberg W. 1971. Motor Dysfunction as a Permanent Complication of Methanol Ingestion. *Archives of Neurology*. 24:550

138. Scott E, Helz MK, and McCord CP. 1933. The Histopathology of Methyl Alcohol Poisoning. *American Journal of Clinical Pathology*. 3:311

139. Keyvan-Larijarni H and Tannenberg AM. 1974. Methanol Intoxication; Comparison of Peritoneal Dialysis and Hemodialysis Treatment. *Arch Intern Med* 134:293

140. Gronning M. Albrektsen G. Kvale G. Moen B. Aarli JA. Nyland H. 1993 Organic solvents and multiple sclerosis: a case-control study. *Acta Neurol Scand* 88: 247-250

141. Agner K, Hook O, and von Porat B. 1949. The Treatment of Methanol Poisoning with Ethanol. With Report of Two Cases. *Quarterly Journal of Studies on Alcohol.* 9:515

142. Roe O. 1950. The roles of Alkaline salts and Ethyl Alcohol in the treatment of Methanol Poisoning (1164). *Quart.J.Stud.Alcohol.* 11:107

143. Erlanson P, Fritz H, Hagstam K-E, Liljenberg B, Tryding N, and Voigt G. 1965. Severe Methanol Intoxication. *Acta Medica Scandinavica.* 177(4):393

144. Browning E. 1965. Methanol Toxicology. In Toxicity and Metabolism of Industrial Solvents. Elsevier Publishing Company, New York 315-323

145. Humphries P. Pretorius E. Naud H. 2007 Direct and indirect cellular effects of aspartame on the brain. *Eur J Clin Nutr. Aug* 8; 1-12

146. Isaacs R. 1920. Acute Methyl Alcohol Poisoning. *J.Am.Med.Assoc.or JAMA* 75:718

147. Pick L and Bielschowsky M. 1912. Ueber histologische Befunde im Auge and im Zentralnervensystem des Menschen bei akuter todlicher Vergiftung mit Methylalkohol. *Klin Wschr.* 49:888

148. Sharpe JA, Hostovsky M, Bilbao JM, and Rewcastle NB. 1982. Methanol optic neuropathy; A histopathological study. *Neurology* (Ny) 32:1093

149. Waksman BH and Reynolds WE. 1984. Multiple Sclerosis as a Disease of Immune Regulation (41798). *Proceedings of the Society for Experimental Biology and Medicine* 175:282

150. Pohl J. 1893. Ueber die Oxydation des Methyl Und Aethylalkohols im Thierkorper. Naunyn-Schmiedeberg's *Arch exp Path Pharmak.* 31:281

151. Anderson CA, Rubinstein D, Filley CM, Stears JC. 1997 MR enhancing brain lesions in methanol intoxication. *J Comput Assist Tomogr.* 1997 Sep-Oct;21(5):834-6

152. Fackelmann KA. 1990. Myelin on the Mend: Can antibodies reverse the ravages of multiple sclerosis?. *Science News.* 137:218

153. Wolfgang F. 1979. What if Multiple Sclerosis isn't an Immunological or Viral Disease? The Case for a Circulating Toxin. *Neurochemical Research* 4:1-14

154. Adams CWM. 1981. Histochemical Contributions to the Study of Multiple Sclerosis. Histochemistry The Widening Horizons. Edited by P.J. Stoward and J. M. Polak 163

155. Alexander L, Berkeley AW, and Alexander AM. 1961. Multiple Sclerosis Prognosis and Treatment. Multiple Sclerosis Prognosis and Treatment. Charles C Thomas Publisher USA

156. Brown MS and Goldstein JL. 1983. Lipoprotein Metabolism in the Macrophage; Implications for Cholesterol Deposition in Atherosclerosis. *Annu Rev Biochem.* 52:223

157. Tephly TR. 1977. Factors in Responses to the Environment. Introduction. *Federation Proceedings*. 36(5):1627

158. Blundell JE and Hill AJ. 1986. Paradoxical Effects of an Intense Sweetener (Aspartame) on Appetite. *Lancet* May:1092

159. Coulombe RA Jr. and Sharma RP. 1986. Neurobiochemical Alterations Induced by the Artificial Sweetener Aspartame (NutraSweet). *Toxicology and Applied Pharmacology*. 83:79

160. Walton RG (1128). 1986. Seizure and Mania After High Intake of Aspartame. *Journal of the Academy of Psychosomatis Medicine*, Apr.:218

161. Roak-Foltz R and I. Leveille GA.Marcel Dekker. 1984. Projected Aspartame Intake: Daily Ingestion of Aspartic Acid, Phenylalanine, and Methanol Aspartame – The Book, Marcel Dekker, Inc New York 201

162. Main, R.H. 1903. On The Toxicity of Methyl Alcohol in Extracts and Medicine. *Illinois Medical Journal* 153

163. Koller, C. 1905. Poisoning by Wood Alcohol: A case of Complete Blindness (Transitory) with Recovery of Vision. *Medical Record* 1vxiii:10

164. *Medical Record* 1905 Excerpts from Doctors Letters

165. Wood, C.A. 1906. Death and Blindness as a Result of Poisoning by Methyl Alcohol or Wood Alcohol and Its Various Preparations. *International Clinics; A Quarterly of Clinical Lectures* 16:68

166. Kritchevsky M. 1988. Multiple Sclerosis. In Wiederholt WC, Ed.Neurology for Non-Neurologists.Philadelphia, Harcourt

167. Blaivas JG. 1984. Evaluation of Urinary Bladder Symptoms in Multiple Sclerosis. The Diagnosis of Multiple Sclerosis. Ed. Poser CM.Thieme-Stratton Inc. 76

168. Kurtzke JF. 1980. Epidemiologic contributions to multiple sclerosis; An overview. *Neurology*. Neurology 30(7):61

169. Matthews B. 1978. Multiple sclerosis The Facts. Multiple sclerosis The Facts. Oxford University Press

170. Mawdsley C and Mayer RF. 1965. Nerve Conduction in Alcoholic Polyneuropathy. *Brain* 88:335

171. Benton CD and Calhoun FP. 1952. The Ocular Effects of Methyl Alcohol Poisoning. Report of a Catastrophe involving Three Hundred and Twenty Persons. *Trans Amer Acad Ophthal Otolaryng.* 56:875

172. Yano K, Rhoads GG, and Kagan A. 1977. Coffee, Alcohol and Risk of Coronary Heart Disease Among Japanese Men Living in Hawaii. *New England Journal of Medicine.* 297:405

173. Lester D. 1961. Endogenous Ethanol; A Review. *Quarterly Journal of Studies on Alcohol.* 22:555

174. Lester D. 1962. The Concentration of Apparent Endogenous Ethanol. *Q. J. Stud. Alcohol* 23:17

175. Lieber CS and DeCarli LM. 1970. Hepatic Microsomal Ethanol-Oxidizing System. In vitro characteristics and adaptive properties in vivo. *The Journal of Biological Chemistry.* 245:2505

176. Klatsky AL, Friedman GD, and Siegelaub AB. 1981. Alcohol and Mortality. *Annals of Internal Medicine.* 95:139

177. Hoque M, Monte WC, and Johnston CS. 1988. Methanol Neuropathy A Histological Study on Long-Evans Rats. *FASEB J* 25;2(6):A513

178. Benditt EP. 1994. The Origin of Atherosclerosis. *Scientific American.* 236:74

179. Metz, B. GFA Kersten GFA. Jong A. Meiring H. 2005 Identification of formaldehyde-induced modifications in proteins: reactions with diphtheria toxin http://igitur-archive.library.uu.nl/dissertations/2005-0303-105230/c7.pdf

180. Gombos K. et.al. 2007 The effect of aspartame administration on oncogene and suppressor gene expressions. *In Vivo* 21(1): 89-92

181. Grey DM. 1995 Summary of Adverse Reactions Attributed to Aspartame. US Department of Health and Human Services. Personal Communication

182. Humphries P. Pretorius E. and Naude H. 2007 Direct and indirect cellular effects of aspartame on the Brain. *European Journal of Clinical Nutrition* 2007:1-12

183. Parthasarathy NJ. Kumar RS. Manikandan S. Devi RS 2006 Methanol-Induced Oxidative Stress in Rat Lymphoid Organs. *J. Occup Health* 48:20-27

184. Hawkes CW. 2002 Is multiple sclerosis a sexually transmitted infection. J Neurol Neurosurg Psychiatry. 73(4):439-43.

185. Kantarci O. Wingerchuk D. 2006 Epidemiology and natural history of multiple sclerosis: new insights. Curr Opin Neurol 19:248-254

186. Dahshan A. Donovan K. 2001 Auto-Brewery Syndrome in a Child With Short Gut Syndrome: Case Report and Review of the Literature. *Journal of Pediatric Gastroenterology and Nutrition* **33:**214–215

187. Borras E. et. al. 2000. Genetic Polymorphism of Alcohol Dehydrogenase in Europeans: The ADH2*2 Allele Decreases the Risk for Alcoholism and Is Associated With ADH3*1. *HEPATOLOGY* Vol. 31, No. 4

188. Erickson SP. Kulkarni AB. 1963. Methanol in Normal Human Breath. *Science* 141:639

189. Wood CA and Buller F. 1904. Poisoning by Wood Alcohol. *JAMA* 43:972,1058,1117,1213,1.

190. Kingsbury K. 2007. The Changing Face Of Breast Cancer. *TIME Magazine* October 15th, 2007:36

190a. Coutelle C. et al. 2004. Risk Factors in Alcohol Associated Breast Cancer: Alcohol Dehydrogenase Polymorphism and Estrogens. *International Journal of Oncology* 25:1127-1132

190b. Triano E. A. et al. 2003. Class I Alcohol Dehydrogenase Is Highly Expressed in Normal Human Mammary Epithelium but not in Invasive Breast Cancer: Implications for Breast Carcinogenesis. *Cancer Research Arch* 63:3092-3100

190c. Poschl G. and Seitz H. K. 2004. Alcohol and Cancer (Review). *Alcohol & Alcoholism* 39;3:155-165

191. Gram IT. et al. 2005. Breast Cancer Risk Among Women Who Start Smoking as Teenagers. *Cancer Epidemiology, Biomarkers & Prevention* 14(1):61-66

192. Nagata C. et al. 2006. Tobacco Smoking and Breast Cancer Risk: An Evaluation Based on a Systematic Review of Epidemiological Evidence among the Japanese Population. *Jpn J Clin Oncol* 36(6):387-394

193. Kingsbury K. 2007. The Changing Face Of Breast Cancer. *TIME Magazine* October 15th, 2007:36

194. Monte WC. 2007 A Deadly Experiment: MS & Aspartame Are They Linked? *Fitness Life* 34: 36-43

195. Kurtzke JF. 2003. Epidemiology and multiple sclerosis a personal review http://www.direct-ms.org/pdf/EpidemiologyMS/EpidemiologyMS.pdf

196. Godish, T. 1989. Formaldehyde Exposures from Tobacco Smoke: A Review. American Journal of Public Health 79: #8, 1044-1045

197. Bressler J. 1977. The Bressler Report. United States Food and Drug Administration EIR JSA/DME/JT/LF 4/25/77 to 8/4/77

198. Puchtler H. Meloan SN. 1985. On the chemistry of formaldehyde fixation and its effect on immunohistochemical reactions. *Histochemistry* 82: 201-204

199. Taskinen HK. et al 1999. Reduced Fertility Among Female Wood Workers Exposed to Formaldehyde. *American Journal of Industrial Medicine* 36: 206-212

200. Metz B. et al 2004. Identification of Formaldehyde-induced Modifications in Proteins. The *Journal of Biological Chemistry* 279: #8 6235-6243

201. Hansen JM. Contreras KM. Harris C. 2004. Methanol, Formaldehyde, and Sodium Formate Exposure in Rat and Mouse Conceptuses: A Potential Role of the Visceral Yolk Sac in Embryotoxicity. *Birth Defects Research* (Part A) 73:72-82

202. Monte WC. Bittersweet: Aspartame Breast Cancer Link. *Fitness Life* 2008 Feb. 34: 21-22

mizuno1-Edgar

From: Dan Matlock [gitadan123@yahoo.com]
Sent: Monday, February 11, 2008 3:41 PM
To: HLTtestimony
Subject: Health Hearing: Feb 13

Re: Open letter to House Health Commitee Considering Ban on Aspartame Hearing [continued from Feb. 8 hearing in Room #329, 8 A.M]., Wednesday Feb. 13[any new room# and time unknown to me]

TO: HON. JOSH GREEN M.D., VICE CHAIR, JOHN MIZUNO,
AND MEMBERS OF THE COMMITTEE
PLEASE XEROX AS COMMITTEE HANDOUT FOR THIS HEARING.

HOUSE HEALTH COMMITTEE:

Josh Green, M.D.
6th Representative District
Hawaii State Capitol

John Mizuno
30th Representative District
Hawaii State Capitol

Dear Honorable representatives Josh Green MD and John Mizuno;

My wife of over thirty years and I have the utmost respect for you in public office.
We understand how incredibly difficult and complex these important positions can be.
Many Hawai'ians believe in your dedication or you would not be where you are.

So please do not feel that you or your personal integrity or intelligence is being questioned.
There was a time not so long ago that we too were shocked to learn of these hidden truths.
If anything below appears to exaggerate or utilize hyperbole, that was not intended. Any/all emphasis is solely to exclaim emphatically, how way overdue the righting of this wrong is.

The "wrong" is the approval and use of Aspartame as a safe and effective food additive.

I am not a "credentialed" Hawai'ian with all of the "concrete" evidence handy that you desire/requested as a condition for further consideration of this bill to ban this sweetener.
But I am very well versed and experienced in the sciences, natural medicine and nutrition, and I urge you to find out on your own as we did, that there is a mountain of such evidence.

With just one hour of serious study you would be astounded perhaps to find out that:
#1
This substance was clearly approved illegally as a political favor, wildly enriching a few. 000104
Prior knowledge/proof showing there were MAJOR health concerns due to its inherent chemical

instability and metabolites were completely and intentionally ignored/suppressed as it was snuck in and out the "back-door" of the FDA for quiet approval as a food additive.
#2
Technically, it and several other very prevalent and thus insidious food additives, are listed as illegal adulterants due to being or metabolizing into carcinogens, toxins, or neuro-toxins.
#3
The FDA itself, in spite of not demanding it be removed from the food supply, lists/links nearly 100 MAJOR health concerns to its consumption. Go figure! What is wrong with that?
Based on the worst and most common of these concerns the FAA has recommended pilots and I believe traffic controllers, do NOT consume these products due to HIGH RISK of seizures/blackouts, blindness and migraines to name just a few of the debilitating dangers.
#4
Diabetics consuming this product crave carbohydrates, put on weight, and become addicted to the highly poisonous methanol metabolite, which is but one of several toxins produced.
#5
This sweetener is not the only man-made sweetener or food additive proven by honest [not bought/beholden] studies by some of the finest scientific minds on the planet to be extremely dangerous to human health. Yet they remain on the market and in thousands of products due to the extreme profit generated by suppressing these rather horrific truths.

So, my honorable representatives please live up to that honor by by being on the right side of this issue and be diligent and relentless regarding corporations putting profit before people.
It certainly makes sense to err on the side of caution for the public vs. corporate honesty.

I won't list many links as you have probably already been flooded with too many to read in short order but I chose one article I found today that is quite concise and informative, and includes several embedded links for further study if you chose to go further in your quest.
http://www.lifetechnology.org/blog/2007/06/aspartame-nutrasweet-health-hazard.html
One cannot possibly overstate the value of Google to find articles/facts on this subject.
I/we hope and pray your interest is piqued on fully exploring this under-reported subject.
Many of your family, friends and constituents are suffering from these stealthy killers.

I/we beg you to start the ball rolling in favor of a safe and unadulterated food supply, which should be a basic human right, and add this ban and many more to come ASAP.
It is far past the time to put people's health/safety and quality of life ahead of profit taking.

Hawai'i has a long reputation for having the foresight to maintain tried and true ways of helping the land and its peoples stay healthy via proper lifestyles and respecting of kapus.
And always embracing new technologies/ideas that have and do benefit mankind greatly. Let's not break this pattern or reputation, eh?
{:-) We're on a roll and all of the world will respect us in this stand we need to take.
It is the right thing to do.
Mahalo for your time.

{post script...please extend this hearing as needed/required to allow you to be thorough in the study of numerous medical reports you have been provided by experts on this matter}

Respectfully,
Dan & Rosana Matlock
Puhi~Kaua'i

000105

mizuno1-Edgar

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Monday, February 11, 2008 6:54 PM
To: HLTtestimony
Subject: This is Abby Cormack's story which was also faxed with a cover letter, HB 2680, Hawaii House Committee. She made world news in New Zealand last summer when she almost died from aspartame. She also wrote a note.

THE ABBY CORMACK ASPARTAME STORY

By Abby Cormack

Posted: 13 August 2007

[]
Would you believe Sugar Free chewing gum could destroy you? That it could bring anxiety, insomnia, depression, mind-fog, abdominal pain, unbearable leg and arm cramps, blurred vision, endless trips to the doctors, hysteria, suicidal thoughts and paranoia?

As the weird and horrifying symptoms progressed I sought the help of several doctors, a psychiatrist and made two visits to the Emergency ward. I was prescribed Valium, anti inflammatory, and excessive amounts of pain killers. This gave me no relief. Multiple tests were done for Electrolyte imbalances, mineral deficiencies, Multiple Sclerosis, Diabetes, Lupus, all clear. These conditions all mimic the symptoms of Aspartame poisoning.

Here I was an athletic, health-conscious young woman with every reason to enjoy my youth and life, but this was rapidly being destroyed and the doctors couldn't help me.

I was being poisoned by the 4 packets of sugar free chewing gum I consumed each day. I had no idea that the sweetener used is a neurotoxic chemical that's raining devastation on consumers worldwide. The poison is aspartame; and the American FDA once published a list of 92 symptoms from 10,000 volunteered consumer complaints by victims like myself.

Every one of my symptoms is on that list. Its addictive, carcinogenic and deadly; decomposing into formaldehyde and a whole catalogue of other deadlies as we digest it: diketopiperazine, the brain tumor agent, methyl alcohol: bringer of blindness, aspartic acid destroyer of the nervous system. It makes the neurons fire incessantly until they die. Aspartame destroys the brain, your eyesight, your intelligence.....gradually and unsuspectedly.

So why is it on the market? America's Secretary of Defense, Don Rumsfeld, the genius behind the Iraq war. He was the head of a company with a product he couldn't sell, ruling G. D. Searle, maker of aspartame. But the Food & Drug Administration (FDA) wouldn't approve it since it murdered the rats with brain tumors and a host of other diseases. Don got a government job....and the next day a replacement FDA Commissioner was appointed who approved aspartame over the objections of his own scientists; several resigned in protest. Never underestimate the damage a man without a conscience can do to the world.

The product was a goldmine! It's in thousands of foods and drinks, and little packs of aspartame/NutraSweet/Equal/E951 sit on millions of restaurant tables worldwide. Aspartame had muscle, being backed up at the very top levels of American politics and soon the FDA became the Washington Branch Office for the drug and chemical companies. In fact, today FDA gets most of its cash from the companies it regulates.

000106

I finally researched my symptoms on the internet, to learn about phenylalanine (half of aspartame). And came upon the encyclopedic <http://www.dorway.com>http://www.dorway.com There are thousands of other aspartame websites and tens of thousands of case histories like mine or worse. I kicked the habit May 23 and after 6 weeks of de toxing I am feeling like a new person.

Abby Cormack

<http://www.mpwhi.com/articles-acormack.htm>
[]
<http://www.mpwhi.com/articles.htm>
[]
<http://www.mpwhi.com/main.htm>
[]
<http://www.mpwhi.com/index.htm>
[]
<http://www.mpwhi.com/contact.htm>
[]

000107

From: Rich Murray [rmforall@comcast.net]
Sent: Monday, February 11, 2008 7:05 PM
To: HLTtestimony
Subject: old tiger roars -- Woodrow C Monte, PhD -- aspartame causes many breast cancers, as ADH enzyme in breasts makes methanol from diet soda into carcinogenic formaldehyde -- same in dark wines and liquors, Fitness Life 2008 Jan.: Murray 2008.02.11

old tiger roars -- Woodrow C Monte, PhD -- aspartame causes many breast cancers, as ADH enzyme in breasts makes methanol from diet soda into carcinogenic formaldehyde -- same in dark wines and liquors, Fitness Life 2008 Jan.: Murray 2008.02.11
http://rmforall.blogspot.com/2008_02_01_archive.htm
Monday, February 11, 2008
http://groups.yahoo.com/group/aspartameNM/message/1517

"Every molecule of Aspartame releases a molecule of methanol within minutes of being consumed. The first step in methanol metabolism is production of formaldehyde. After the liver, the next greatest concentration of Alcohol Dehydrogenase Enzyme (ADH) in the human body is located in the endothelial tissue of the human breast (190b). It is human ADH that converts methanol into formaldehyde, a powerful carcinogen.

The charts below shows the relationship between Aspartame consumption and the increase of breast cancer in the United States.

Similar increases in breast cancer (190) have occurred in other aspartame consuming countries of the world."

"The methanol, always produced when Aspartame is consumed (20, 51), will convert directly into formaldehyde -- there is no intermediate compound or alternate path (7, 30).

role of formaldehyde, made by body from methanol from foods
and aspartame, in steep increases in fetal alcohol syndrome, autism,
multiple sclerosis, lupus, teen suicide, breast cancer, Nutrition
Prof. Woodrow C. Monte, retired, Arizona State U., two reviews,
190 references supplied, Fitness Life, New Zealand
2007 Nov, Dec: Murray 2007.12.26
http://rmforall.blogspot.com/2007_12_01_archive.htm
Wednesday, December 26 2007
http://groups.yahoo.com/group/aspartameNM/message/1498

Alcohol dehydrogenase ADH is required for the conversion of methanol to formaldehyde (112).

ADH is not a common enzyme in the human body -- not many cells in the human body contain this enzyme.

The human breast is one of the few organs in the body with a high concentration of ADH (190b), and it is found there exclusively in the mammary epithelial cells, the very cells known to transform into adenocarcinoma (190c) (breast cancer).

The most recent breast cancer scientific literature implicates ADH as perhaps having a pivotal role in the formation of breast cancer, indicating a greater incidence of the disease in those with higher levels of ADH activity in their breasts (190a)."

Aspartame consumption as a causative agent of Breast Cancer
Woodrow C. Monte Ph.D.
Professor of Food Science, Arizona State University (Retired)

000108

Page, Arizona
woodymonte@canyoncountry.net;
202. Monte WC. Bittersweet: Aspartame Breast Cancer Link.
http://www.thetruthaboutstuff.com/review3.shtml
[not online 2008.02.09 -- Rich Murray has corrected minor typos and added spacing to increase readability of this seminal research.]

I am a retired Professor of Food Science from Arizona State University. I have studied, researched and written about Aspartame since 1983, shortly after its manufacturer applied to the FDA to expand its use as an additive to soft drink beverages. In 1984 I published a scientific paper warning of the potential harm that Aspartame might cause by increasing the methanol consumption of the unwary consumer (1).

I have within the last 3 months published 3 additional articles chronicling, in detail, the aftermath of 27 years of Aspartame poisoning of the general public (78, 194, 202).

These articles and all of the reference material that they draw on are freely available on my website:
http://www.thetruthaboutstuff.com/

Article 1 http://www.thetruthaboutstuff.com/review1.shtml
Article 2 http://www.thetruthaboutstuff.com/review2.shtml
Article 3 http://www.thetruthaboutstuff.com/review3.shtml
[the third not active as of 2008.02.11]

Every molecule of Aspartame releases a molecule of methanol within minutes of being consumed. The first step in methanol metabolism is production of formaldehyde. After the liver, the greatest concentration of Alcohol Dehydrogenase Enzyme (ADH) in the human body is located in the endothelial tissue of the human breast (190b). It is human ADH that converts methanol into formaldehyde, a powerful carcinogen.

The charts below shows the relationship between Aspartame consumption and the increase of breast cancer in the United States.

Similar increases in breast cancer (190) have occurred in other aspartame consuming countries of the world.

[Breast Cancer A
http://www.thetruthaboutstuff.com/charts/
Breast%20Cancer%20USA%20A.pdf

Breast Cancer B
http://www.thetruthaboutstuff.com/charts/
Breast%20Cancer%20USA%20B.pdf]

Formaldehyde is a powerful cancer causing agent, one of the handful of chemicals classed as a Group I carcinogen by the IARC, the International Agency for Research on Cancer, Lyon, France (11) -- because of this, there is no known safe level of formaldehyde exposure.

Formaldehyde from contaminated air, at very low concentrations (11), causes cancer in humans.

Gaseous environmental formaldehyde causes nasopharyngeal cancer -- however, it is not known, in the gaseous form, to cause breast cancer.

The probable reason for this is that formaldehyde has an extremely high reactivity (201) -- it reacts with and does its damage to the first human tissue with which it makes contact. Formaldehyde does not travel well in protein rich blood supply (122),

000109

and because of this it is blocked from reaching the breast and other internal organs.

The only way that formaldehyde can reach the mammary tissue, aside from purposely injecting formaldehyde solution (122) (as in embalming) is to disguise the formaldehyde as methanol.

The methanol from Aspartame can reach a woman's breast, and will there be readily converted into formaldehyde by ADH (190b).

It is not possible to prevent Aspartame from producing the cancer causing compound formaldehyde in a woman's breast (78).
All of the methanol in diet soda must be transformed into formaldehyde before the body can metabolize it.

The scientifically acclaimed Ramazzini Institute recently found consumption of Aspartame over time caused Breast Cancer in Rats (50).

The methanol that is responsible for producing this formaldehyde is also found in our processed food supply -- the average modern woman not exposed to diet products consumes, conservatively, less than 8 milligrams of it a day (1).

One can of diet soda contains about 4 times this amount, one liter [almost 6 cans] 20 times the average.

Primitive and or impoverished women consume little methanol, and so are protected, to a very great extent, from breast cancer.

Conversely, increased consumption of Aspartame has caused breast cancer rates to increase dramatically (194).

[Methanol and formaldehyde sources include dark wines and liquors, tobacco and wood smoke, vehicle exhaust, medical facilities, dental materials, embalming, common cleaners and personal care products, new carpet, drapes, furniture, particleboard, new mobile homes and buildings, new cars, some foreign fish and foods, and leather.]

It can be shown that the incidence of breast cancer has increased dramatically in populations exposed to Aspartame (194).
The breast is an organ with no way to protect itself from formaldehyde and with no means to render it harmless.

The methanol, always produced when Aspartame is consumed (20, 51), will convert directly into formaldehyde -- there is no intermediate compound or alternate path (7, 30).

Alcohol dehydrogenase ADH is required for the conversion of methanol to formaldehyde (112).

ADH is not a common enzyme in the human body -- not many cells in the human body contain this enzyme.

The human breast is one of the few organs in the body with a high concentration of ADH (190b), and it is found there exclusively in the mammary epithelial cells, the very cells known to transform into adenocarcinoma (190c) (breast cancer).

The most recent breast cancer scientific literature implicates ADH as perhaps having a pivotal role in the formation of breast cancer, indicating a greater incidence of the disease in those with higher levels of ADH activity in their breasts (190a).

000110

One article went so far as to implicate acetaldehyde as a potential culprit (190a). Acetaldehyde is the molecule that ethanol is metabolized into by ADH, the first step in the manufacture of vinegar, a beneficial molecule with no link to carcinogenicity, whatsoever.

Recent scientific literature is a desert when it comes to methanol. It is as if there were no such thing as methanol in the environment, or as if methanol did not exist -- as if all the laboratories doing work in methanol toxicity had vanished from the face of the earth 40 years ago and with them the science of methanol poisoning (39).

The truth is that methanol acts as a golden bullet, wasting none of its destructive power, but administering a carcinogen directly inside those breast cells most vulnerable to cancer.

All of the hundreds of test that were done to prove Aspartame safe were done on animals insensitive to methanol poisoning (78). This was well known to the company who invented Aspartame -- why else would they have hired the world's methanol research laboratories to help them prove aspartame was safe (39)? These animals have a specialized catalase enzyme in their livers that humans do not (55). Catalase keeps methanol out of their general circulation and therefore they are mostly immune to methanol as a poison.

Many thousands of people lost their lives in the early nineteen hundreds when methanol was allowed in foods and medications after it was proven falsely safe by trusting methanol safety testing done on an identical array of animals (17, 30).

Twenty six years ago, I traveled from my laboratory at Arizona State University to Washington DC to view the results of the testing done by the company who invented Aspartame and were seeking its approval for use in carbonated beverages.

I will never forget viewing the data from the only high dosage human consumption study done on diabetics. This study was never to be repeated. Before the test began the subjects were screened for all manner of illnesses and certified disease free (save from diabetes) as a prerequisite to being accepted into the study.

During that study, after 11 weeks of high dose aspartame consumption, two of the women developed epithelial cancer. Both were removed from the study, one had a mastectomy, subsequent pathology tested conclusively for adenocarcinoma.

To my most profound horror, the executive summary of that study concluded that Aspartame was safe! The rational used to ignore the fact that none of the placebo group but fully 8% of the Aspartame consumption subjects developed epithelial cancer during the high dosage consumption study was that "no such cancers were seen in the numerous animal studies" (48).

The Bressler Report exposed that this was a lie (197). These cancers should have never been ignored.

I can not say that methanol is the only cause of breast cancer, as there are so many other poisons in our modern environment. I will say that it is intuitively obvious that there would be no good done producing one more cancer causing agent inside a sensitive breast cell already exposed to other cancer causing agents.

[Over 200 references are at the title URLs.]

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

000111

http://RMForAll.blogspot.com new primary archive

mizuno1-Edgar

From: Rich Murray [rmforall@comcast.net]
Sent: Monday, February 11, 2008 7:09 PM
To: HLTtestimony
Subject: brief aspartame research review: Rich Murray 2008.02.10

brief aspartame research review: Rich Murray 2008.02.10 http://rmforall.blogspot.com/2008_02_01_archive.htm
Sunday, February 10, 2008
http://groups.yahoo.com/group/aspartameNM/message/1516

---

http://groups.yahoo.com/group/aspartameNM/message/1513
metabolic syndrome is tied to diet soda, PL Lutsey, LM Steffen, J Stevens, Circulation 2008.01.22: role of formaldehyde and formic acid from methanol in wines, liquors, or aspartame?:
Murray 2008.02.07

"But the one-third who ate the most fried food increased their risk by 25 percent, compared with the one-third who ate the least, and surprisingly, the risk of developing metabolic syndrome was 34 percent higher among those who drank one can of diet soda a day compared with those who drank none.

"This is interesting," said Lyn M. Steffen, an associate professor of epidemiology at the University of Minnesota and a co-author of the paper, which was posted online in the journal Circulation on Jan. 22.
"Why is it happening? Is it some kind of chemical in the diet soda, or something about the behavior of diet soda drinkers?""

"The diet soda association was not hypothesized and deserves further study."

http://groups.yahoo.com/group/aspartameNM/message/1511
vinyl acetate, ethyl alcohol, or aspartame in womb increases later cancers in adults with lifetime exposure in many studies, M Soffritti et al, Ramazzini Foundation, Basic Clin. Pharm. Toxicol. 2008 Feb.:
Rich Murray 2008.02.07

http://groups.yahoo.com/group/aspartameNM/message/1495
folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11 % of aspartame], BM Kapur, PL Carlen, DC Lehotay, AC Vandenbroucke, Y Adamchik, U. of Toronto, 2007 Dec., Alcoholism Cl. Exp. Res.:
Murray 2007.11.27

http://groups.yahoo.com/group/aspartameNM/message/1490
details on 6 epidemiological studies since 2004 on diet soda (mainly aspartame) correlations, as well as 14 other mainstream studies on aspartame toxicity since summer 2005: Murray 2007.11.27

http://groups.yahoo.com/group/aspartameNM/message/1340
aspartame groups and books:
updated research review of 2004.07.16: Murray 2006.05.11

http://groups.yahoo.com/group/aspartameNM/message/1453
Souring on fake sugar (aspartame), Jennifer Couzin, Science 2007.07.06: 4 page letter to FDA from 12 eminent USA toxicologists re two Ramazzini Foundation cancer studies 2007.06.25: Murray 2007.07.18

http://groups.yahoo.com/group/aspartameNM/message/1426
ASDA (unit of Wal-Mart Stores WMT.N) and Marks & Spencer will join Tesco and also Sainsbury to ban and limit aspartame, MSG, artificial flavors dyes preservatives additives, trans fats, salt "nasties" to protect kids from ADHD: leading UK media:
Murray 2007.05.15

C00112

http://groups.yahoo.com/group/aspartameNMmessage/1451
Artificial sweeteners (aspartame, sucralose) and coloring agents will be banned from use in newly-born and baby foods, the European Parliament decided: Latvia ban in schools 2006: Murray 2007.07.12

http://groups.yahoo.com/group/aspartameNM/message/1469
highly toxic formaldehyde, the cause of alcohol hangovers, is made by the body from 100 mg doses of methanol from dark wines and liquors, dimethyl dicarbonate, and aspartame: Murray 2007.08.31

http://groups.yahoo.com/group/aspartameNM/message/1455
FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the
1999 EPA alarm level for drinking water: Murray 2007.07.23

"Of course, everyone chooses, as a natural priority, to enjoy peace, joy, and love by helping to find, quickly share, and positively act upon evidence about healthy and safe food, drink, and environment."

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 120 members, 1,517 posts in a public archive

http://groups.yahoo.com/group/aspartameNM/message/1510
how to send aspartame info to
Hawaii House of Representatives Health Committee for 8 AM Friday Feb. 8 session: Rich Murray 2008.02.06 http://rmforall.blogspot.com/2008_02_01_archive.htm
Wednesday, February 6, 2008

bias, omissions, incuriosity = opportunity, aspartame safety evaluation, Magnuson BA, Burdock GA, Williams GM, 7 more,
2007 Sept, Ajinomoto funded 98 pages html [$ 32 pdf]:
Murray 2007.09.15
http://rmforall.blogspot.com/2007_09_01_archive.htm
Saturday, September 15, 2007

000113

mizuno1-Edgar

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Monday, February 11, 2008 7:15 PM
To: HLTtestimony
Subject: Testimony of Bob Mehl, House Bill 2680

From: "Bob Mehl" <rcm02@charter.net>

Cc: "Robert C. \(Bob\) Mehl" <rcm02@charter.net>
Subject: HOUSE BILL #2680/ ROOM 329/ : PLEASE XEROX THIS FOR THE COMMITTEE MEMBERS, FOR HANDOUTS AT THIS MEETING: "MY TERRIBLE EXPERIENCE WITH NutraSweet, Equal & ASPARTAME ARTIFICIAL SWEETENERS
Date: Wed, 6 Feb 2008 18:02:35 -0500

2.6/08
HONORABLE SIRS:
My medical history as the result of using NutraSweet and Equal for years is probably much like thousands, if not millions of others WORLDWIDE. These two products, (NutraSweet and Equal), along with the deadly TOXIC ARTIFICIAL SWEETENER ASPARTAME, have caused ME so many medical nightmares there is scarcely enough room on ANY computer to list them ALL. I WILL, however, list those conditions/diagnoses that MOST affect my life at this point (I am 67 years old, taking care of my 89-year old father full time here at home). Since 1992, when a Vagus nerve 2.5cm tumor was discovered, my life of medical HELL began, and continues. I also am, briefly, featured in the DVD Documentary about NutraSweet and Equal, SWEET MISERY: A POISONED WORLD, PRODUCED BY CORI BRACKETT AND AVAILABLE THROUGH: <http://www.soundandfuryproductions.com/>http://www.soundandfuryproductions.com
First, the Vagus nerve which was discovered after I awoke one spring day with a VERY hoarse voice. Two days later I was seen by an EENT specialist at the famous Emory University Hospital Clinic, located here in Decatur, Georgia. Upon examining my throat with a mirror, he promptly told me Well, your left vocal cord is totally gone; I am 99% sure that a CT scan and MRI will prove beyond a doubt that you have a brain tumor. I was appalled at this news. Further questioning brought the following answers from the doctor: Your left vocal cord is irretrievably gone. Once we verify there IS a tumor and decide, between us, which method Ill use to remove it, we can then talk about a possible implant which would push your good right vocal cord against whats left of your defunct left vocal cord, which SHOULD then produce a soft, whispery voice, AT BEST.
Secondly, I had the tumor excised. It was benign, thank God! It had, however, indeed taken out my left vocal cord, paralyzed my esophagus, and = of my tongue. This is what I now live with; if it were not for e-mail, I dont know how I would be able, for the most part, to communicate with the outside world. I have a cell phone, but calls to and/or from only result in total frustration as I either cannot hear them, or THEY cannot hear/understand me. VERY FRUSTRATING. Any attempt to talk, even with the whispery/soft voice I DO have is exhausting for me.
WHAT BROUGHT ABOUT ALL THESE MEDICAL PROBLEMS (PLUS TWO HEMORRHAGIC STROKES ON AUGUST 1ST AND 5TH, 2005, was YEARS OF drinking DIET Coke,
3-5 a day, and all the while THINKING I WAS DOING MY BODY GOOD BY STAYING AWAY FROM THE SUGARS OF NORMAL SODAS.
HOW WRONG I WAS! I was, at the same time, and for YEARS, drinking many cups of coffee daily, sweetened with either NutraSweet or Equalagain, THINKING I WAS DOING MY BODY GOOD. Instead, I actually GAINED weight though, not knowing the TRUE reason, I thought it was due to my career choice and the constant ten-state driving I did six days a week for some 30+ years. I was raising a family and my job entailed travelling to build a territory of customers, both retail and wholesale and it required almost non-stop driving from one state to the next. In order to assure myself Id stay awake as I drove, I stopped to re-fill my coffee cup whenever it ran out, ALWAYS sweetening it with NutraSweet OR Equal, whichever was available at the restaurant I stopped at.
I ALSO drank 4-5 Diet Cokes a day, again hoping the caffeine in the coke AND the coffee would keep me and others, safe on the road.
I have, since all this began, also been diagnosed with:
*Lupus (SLE and Discoid) *currently in remission* J *Fibromyalgia, which makes my life hell 24/7 *Raynauds Phenomenon *Sjogrens Syndrome *Rosacea *Central Nervous System Vasculitis, (diagnosed after my two hemorrhagic strokes in 2005) *Colitis *Reglux/GERD

000111

*Osteoarthritis *Severe SPINAL STENOSIS which ALSO keeps me in pain 24/7 *COPD (thanks to years of smoking, which ended 3/1/02, thankfully) MY MEDICAL PLATE IS FULL TO OVERFLOWING. I PRAY that you, as a GOVERNMENTAL BODY will, DURING YOUR FEBRUARY 8TH, 2008 MEETING, BAN NutraSweet, Equal, and ASPARTAME FROM YOUR STATE; IF YOU DO, PERHAPS THE REST OF OUR STATES WILL AWAKEN TO THE WORLD-WIDE PLAGUE ALL CAUSED BY THESE ARTIFICIAL SWEETENERS AND BAN THIS TOXIC CHEMICAL ONCE AND FOR ALL, SAVING COUNTLESS MILLIONS OF LIVES FROM LIVES of EXTREME PAIN, EXPENSE, UNHAPPINESS AND DEPRESSION, SUCH AS THAT WHICH I NOW LIVE 24/7 WHILE TAKING CARE OF MY 89-YEAR OLD ALZHEIMERS PATIENT FATHER.
IF YOU care about the future of YOUR children, your current population, AND THE POPULATION OF THE WORLD AT LARGE, PLEASE, FOR ALL OUR SAKES, AND FOR GODS SAKE, DONT LET THIS OPPORTUNITY PASS WITHOUT BANNING, FOREVER, THESE DEADLY TOXINS USED IN THOUSANDS OF OUR FOODS WORLDWIDE.
Most Sincerely and humbly yours,
Robert C. (Bob) Mehl
5020 Dogwood Lane
Buford, Georgia 30518-1764
E-Mail: rcmo2@charter.net
I do NOT use a phone except for calls to 911, which have been MANY!!

000115

From: Rich Murray [rmforall@comcast.net]
Sent: Monday, February 11, 2008 7:17 PM
To: HLTtestimony
Subject: formaldehyde in FEMA trailers and other sources (aspartame, dark wines and liquors, tobacco smoke): Murray 2008.01.30

formaldehyde in FEMA trailers and other sources (aspartame, dark wines and liquors, tobacco smoke): Murray 2008.01.30 http://rmforall.blogspot.com/2008_01_01_archive.htm
Wednesday, January 30, 2008
http://groups.yahoo.com/group/aspartameNM/message/1508

The FEMA trailers give about the same amount of formaldehyde daily as from a quart of dark wine or liquor, or two quarts (6 12-oz cans) of aspartame diet soda, from their over 1 tenth gram methanol impurity (one part in 10,000), which the body quickly makes into formaldehyde -- enough to be the major cause of "morning after" alcohol hangovers.

Methanol and formaldehyde also result from many fruits and vegetables, tobacco and wood smoke, heater and vehicle exhaust, household chemicals and cleaners, cosmetics, and new cars, drapes, carpets, furniture, particleboard, mobile homes, buildings, leather... so all these sources add up and interact with many other toxic chemicals.

BN Ames and LS Gold, 1998, have presented detailed information that there is no increase in recent decades for most cancers, and that common carcinogens do not result in significant exposures to the average human population.

However, individuals are not average -- each person has a unique genetic makeup, resulting in a huge range of variation of vulnerability to specific chemicals, as is well evidenced in the case of methanol, formaldehyde, and formic acid, especially with regard to behavioral effects.

Each is subject to very wide ranges of exposure levels.

Many are in especially vulnerable groups, depending on diet, obesity, sex, exercise, life stress, age from conception to very old, unusually severe toxic exposures, injuries, and diseases.

It is clear that a variety of multiple chemical sensitivity syndromes do exist, often with remarkable hypersensitivity.

Methanol, formaldehyde, and formic acid toxicity are unusual, in that humans are far more vulnerable than any other mammal, as much as ten to sixty-fold, which complicates the utility of animal data.

The unusally long human life span also increases the role of long-term chronic low-level exposure.

FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water: Murray 2007.07.23
http://groups.yahoo.com/group/aspartameNM/message/1455

" Paulison said FEMA received "just over 200 complaints of strange odors including formaldehyde" in trailers and that 58 trailers were replaced "because of formaldehyde concerns."

Occupants of five other trailers were moved to apartments, he said.

000116

Several lawmakers said FEMA should have seen the 200 complaints as a sign of a much wider problem. "

1 ppm formaldehyde in air is half the daily dose
from 3 cans aspartame diet soda
and ten times the 1999 EPA alarm level for drinking water.

J. D. Trasher et al in 1990 found many symptoms
in 19 mobile home residents,
living with 0.05 to 0.5 ppm formaldehyde.

http://www.drthrasher.org/formaldehyde_1990.html full text
Jack Dwayne Thrasher, Alan Broughton, Roberta Madison.
Immune activation and autoantibodies in humans
with long-term inhalation exposure to formaldehyde.
Archives of Environmental Health. 1990; 45: 217-223.
"Immune activation, autoantibodies, and anti-HCHO-HSA antibodies
are associated with long-term formaldehyde inhalation."
PMID: 2400243

" The patients in our study had symptoms and complaints
related to several organs, as described previously, (4,5,9)
which were similar to symptoms
of workers with multiple chemical sensitivity,(11) cacosmia,(12)
and other chemical exposures. (13-15)

We report on the differences in
humoral and cell-mediated immunity in humans with long-term inhalation
exposure to HCHO vs. asymptomatic students (controls) who experienced
short-term, periodic exposure to the chemical. "

" All patients in this study
had sought continuous medical attention
because of multiple organ symptoms
involving the central nervous system (CNS)
(headaches, memory loss, difficulty completing tasks, dizziness),
upper- and lower-respiratory symptoms,
skeletal-muscle complaints,
and gastroenteritis.

Three common symptoms were expressed:
(1) and initial flu-like illness
from which they had not fully recovered;
(2) chronic fatigue,
and (3) an olfactory sensitivity to ambient conditions
containing low concentrations of chemicals. (4,9,11) "

" (2.) Mobile home residents consisted
of 19 patients (6 males, 13 females, mean age 41 +-20 y)
who currently lived in mobile homes.

The patients had lived in their environments for 2-7 y
and reported multiple symptoms. (4,9)

Measured HCHO concentrations ranged from 0.05 to 0.5 ppm
at the time blood samples were taken. "

FEMA found 1.2 ppm formaldehyde in April 2005
in one of over 120,000 mobile homes
supplied for recent hurricane victims --
75 times more than the
0.016 level set for 8-hour working days
by the National Institute for Occupational Safety and Health
for workers to be required to wear respirators.

000117

http://www.arb.ca.gov/toxics/tac/appendxc.htm

1 ppm FA in air = 1.23 mg/cubic meter, so breathing 20 cubic meters would retain about 20 mg FA daily, ten times the 1999 EPA alarm level for drinking water.

Dark wines and liquors, as well as aspartame, provide similar levels of methanol, above 120 mg daily, for long-term heavy users, 2 L daily, about 6 cans.

Within hours, methanol is inevitably largely turned into formaldehyde, and thence largely into formic acid -- the major causes of the dreaded symptoms of "next morning" hangover.

Fully 11% of aspartame is methanol --
1,120 mg aspartame in 2 L diet soda,
almost six 12-oz cans, gives 123 mg methanol (wood alcohol).
If 30% of the methanol is turned into formaldehyde,
the amount of formaldehyde, 37 mg, is 18.5 times the USA EPA
alarm limit for daily formaldehyde in drinking water,
2.0 mg in 2 L average daily drinking water.

Medicine has to consider that the many sources of methanol and formaldehyde are additive co-factors.

http://groups.yahoo.com/group/aspartameNM/message/1286
methanol products (formaldehyde and formic acid)
are main cause of alcohol hangover symptoms
[same as from similar amounts of methanol, the 11% part of aspartame]:
YS Woo et al, 2005 Dec: Murray 2006.01.20

http://groups.yahoo.com/group/aspartameNM/message/1143
methanol (formaldehyde, formic acid) disposition:
Bouchard M et al, full plain text, 2001:
substantial sources are degradation of fruit pectins,
liquors, aspartame, smoke: Murray 2005.04.02

000118

mizuno1-Edgar

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Monday, February 11, 2008 7:18 PM
To: HLTtestimony
Subject: From Dr. Carolyn Dean, HB 2680, House Health Committee

>Begin forwarded message:
>
>>From: Carolyn Dean <<mailto:holeopharm@pol.net>holeopharm@pol.net>
>>Date: February 10, 2008 7:32:31 PM EST
>>To:
>><mailto:repgreen@Capitol.hawaii.gov>repgreen@Capitol.hawaii.gov,
>><mailto:repmizuno@capitol.hawaii.gov>repmizuno@capitol.hawaii.gov
>>Subject: Banning Aspartame
>>
>>To: The Honorable Rep. Josh Green, M..D and the Honorable John Mizuno
>>
>>Regarding: House Bill 2680. "Please copy as committee handout."
>>
>>Dear Dr. Green and Mr Mizuno,
>>
>>Regarding the aspartame ban in Hawaii.
>>
>>When I went to medical school 1976-1979 we were not taught about the
>>possible negative effects of food additive chemicals on the body. We
>>were taught that if we didn't learn it in medical school, it doesn't
>>exist. So, there are generations of doctors who have no awareness of
>>the toxicity of aspartame. These doctors do no research on their own
>>to investigate complaints of their patients.
>>They believe FDA studies and industry studies. When "untrained"
>>patients try to tell doctors or the FDA that something is wrong, they
>>are not given any credence. That's where local government comes in.
>>You really need to listen to these people that describe their
>>headaches, joint pain, infertility, and all the 92 symptoms of
>>aspartame poisoning and you need to believe them because they are
>>telling the truth.
>>
>>Maybe when aspartame was first developed as an artificial sweetener,
>>scientists assumed it would only be used sporadically.
>>Maybe they thought a few grams a day would be OK. However, I have
>>patients who drink liters of diet soda, and eat numerous "diet"
>>products, assuming they are doing something good for their health.
>>Ironically, far from becoming healthier they are poisoning themselves
>>with wood alcohol and the breakdown products of aspartame.
>>
>>On a very personal note, I hope to move to Maui in June of this year
>>and I would be extremely proud to live in a state that cared enough
>>about its citizens to ban this poison from being sold.
>>
>>Sincerely
>>
>>Carolyn F. A. Dean MD
>>
>>Author of over 14 medical and health books.
>>
>>

000119

From: Rich Murray [rmforall@comcast.net]
Sent: Monday, February 11, 2008 7:30 PM
To: HLTtestimony
Subject: vinyl acetate, ethyl alcohol, or aspartame in womb increases later cancers in adults with lifetime exposure in many studies, M Soffritti et al, Ramazzini Foundation, Basic Clin. Pharm. Toxicol. 2008 Feb.: Murray 2008.02.01

vinyl acetate, ethyl alcohol, or aspartame in womb increases later cancers in adults with lifetime exposure in many studies, M Soffritti et al, Ramazzini Foundation, Basic Clin. Pharm. Toxicol. 2008 Feb.: Murray
2008.02.01
http://rmforall.blogspot.com/2008_02_01_archive.htm
Friday, February 1, 2008
http://groups.yahoo.com/group/aspartameNM/message/1509

"Based on the results of long-term carcinogenicity bio-assays testing chemical and physical agents using rodents, there is ample evidence demonstrating that developmental, in conjunction with adult exposure to carcinogenic risks, produces an overall increase in the incidence of malignant tumours and an increased incidence of specific neoplasms related to exposures to specific carcinogens.

Moreover, when comparing prenatal and postnatal exposure, the development of certain tumours may appear earlier in life.

We must take into serious consideration the warnings provided by long-term carcinogenicity studies and take adequate action today.

Based on the evidence presented, increased attention must be given to developmental exposures to diffuse carcinogens.

It is only in this way that in the future we can hope to avoid a passive registration of a worsening epidemiological situation."

www.blackwell-synergy.com/action/showFullText?submitFullText=Full+Text+HTML&doi=10.1111%2Fj.1742-7843.2007.00200.x
free full text

Basic & Clinical Pharmacology & Toxicology Volume 102 Issue 2 Page 118-124, February 2008

To cite this article:
Morando Soffritti, Fiorella Belpoggi, Davide Degli Esposti, Laura Falcioni, Luciano Bua (2008) Consequences of Exposure to Carcinogens Beginning During Developmental Life Basic & Clinical Pharmacology & Toxicology 102 (2), 118-124.
doi:10.1111/j.1742-7843.2007.00200.x

MiniReview

Consequences of Exposure to Carcinogens Beginning During Developmental Life

* Morando Soffritti,
* Fiorella Belpoggi,
* Davide Degli Esposti,
* Laura Falcioni and
* Luciano Bua

Cesare Maltoni Cancer Research Center,
European Ramazzini Foundation of Oncology and Environmental Sciences, Bologna, Italy

Author for correspondence: Morando Soffritti, Cesare Maltoni Cancer Research Center, European Ramazzini Foundation of Oncology and Environmental Sciences, Castello di Bentivoglio, Via Saliceto 3, 40010 Bentivoglio, Bologna, Italy fax +39 051 6640223, e-mail crcfr@ramazzini.it

000120

Abstract:

The increased incidence of cancer over the last 50-60 years may be largely attributed to two factors:
the ageing of the population
and the diffusion of agents and situations presenting carcinogenic risks.

Today, we have entered into a new era in which populations are ever-increasingly exposed to diffuse carcinogenic risks, present not only in the occupational, but also in the general environment.

We must now also consider an additional factor in the carcinogenic process, that is, the age in which exposure to carcinogenic risks begins.

Apart from the paradigmatic cases of diethylstilboestrol and ionizing radiation, the available epidemiological data concerning the adult consequences of developmental exposure to carcinogens is very limited.

However, important data have been provided by long-term experimental carcinogenicity bioassays conducted using rodents.

This paper reports a selection of studies conducted in the laboratories of the Cesare Maltoni Cancer Research Center of the European Ramazzini Foundation in which exposure to the chemical agents vinyl acetate monomer, ethyl alcohol and aspartame was started during developmental life and continued into adulthood.

The results of these studies provide supporting evidence that lifespan exposure to carcinogenic agents beginning during developmental life produces an overall increase in the carcinogenic effects observed.

Moreover, when comparing prenatal and postnatal exposure, the data demonstrate that the development of cancers may appear earlier in life.

Cancer represents one of the most important issues in public health today, both in the industrialized and developing worlds.

The epidemiological dimension of the disease is epidemic, with one out of two males and one out of three females destined to become ill with cancer during their lifetimes [1].

Above all, cancer affects the oldest segment of the population, from 60-84 years of age.

Data from the Nominative Mortality Register of European Ramazzini Foundation from the period 1982-2002 show that more than 30% of the mortality in the province of Bologna, Italy, is cancer-related.

Of these deaths, 80% occurred after the age of 60-65 years [2].

If we consider the estimates that in 25 years, the number of persons over than the age of 70 years will have doubled, it is necessary to prepare for a dramatic increase in the number of tumours.

In the USA alone, it is predicted that the number of cancers will indeed double by 2050 [1].

Although the scientific effort and economic resources dedicated to cancer have increased over the last 30 years (directed especially towards the discovery of effective cancer drug therapies), in the USA, the 5-year relative survival rates based on patient follow-up from 1976-2000 have not substantially improved (table 1), with the exception of female breast, prostate and colon-rectal cancer for which early diagnosis has certainly played an important role.

Other exceptions are cancers of the lung and bronchus in males that reflects the decrease in smoking more than the past 30 years.

000121

The increased incidence of cancer over the last 50-60 years may be attributed to two increasing trends:

(i) the increase in life expectancy (about 10 years for males and 15 years for females); and (ii) the increase in the diffusion of agents and situations presenting carcinogenic risks in both the occupational and general environment.
A third factor in the carcinogenetic process is genetic predisposition; however, it is unlikely that this factor has changed significantly over the last decades.

In addition, a fourth factor must also be considered; that is, the age in which exposure to carcinogenic risks begins.

In this context, the present epidemiological dimension of cancer is undoubtedly a sign of the previous era in which the majority of the population had been exposed to carcinogenic risks either in the occupational environment as adolescents or adults.

Today, however, we are facing an era characterized by two new trends:
(i) lifetime exposure to carcinogenic risks beginning during developmental life (prenatally or postnatally).

This exposure during early development, when cell mutiplication and differentiation make an organism more vulnerable, may cause an increase in carcinogenic effects later in life;

and (ii) exposure to 'diffuse carcinogenic risks'.
This term is used to describe carcinogenic risks of low potency, but to which almost the entire population of the planet may be exposed.

Examples of diffuse carcinogenic risks include:
(i) agents that are slightly carcinogenic at any dose;
(ii) low or extremely low doses of strong carcinogenic agents; or (iii) mixtures of small doses of any carcinogenic agent [3].

Apart from the paradigmatic cases of diethylstilboestrol and ionizing radiation, the available epidemiological data concerning the adult consequences of developmental exposure to carcinogenic agents are very limited.

We now know much more about the effects of this early exposure thanks to experimental long-term bioassays.

If adequately designed and conducted, these bioassays can produce data that can be effectively used to identify/predict carcinogenic risks and, consequently, to make decisions to protect public health.

Numerous long-term carcinogenicity studies have been conducted at the Cesare Maltoni Cancer Research Center of the European Ramazzini Foundation (CMCRC/ERF) that demonstrate the life-time consequences of chemical/physical exposures beginning during developmental life and lasting for life.

This paper presents a selection of these exemplary cases including vinyl acetate, ethyl alcohol and aspartame......

The case of aspartame

Aspartame is an artificial sweetener consumed by hundreds of millions of people worldwide.

It is used in over 6000 products, including soft drinks, chewing gum, candy, desserts and yogurt, as well as in more than 500 pharmaceutical products, in particular, syrups and antibiotics for children.

Prior to the commercialization of aspartame in the 1970s, the manufacturers of the compound conducted various experimental studies on rats and mice to test its carcinogenicity.

When taken together, the results of these studies were considered negative with regard to the carcinogenicity of aspartame.

Doubts were, however, raised by some in the scientific community about the conduct of the experiments and the fact that some cases of malignant brain tumours were found among animals treated with aspartame while none were found among the control group.

Given the limitations of these studies due to the number of animals per sex and group, the duration of the experiment, and the ever growing use of aspartame throughout the years, the CMCRC/ERF decided in the late 1990s to plan and perform an experiment that would provide an adequate evaluation of the potential carcinogenic effects of aspartame.

The first CMCRC/ERF study [10-12] was conducted on 1800 Sprague-Dawley rats (100-150/per sex/per group).

Aspartame was added to the standard rat diet in quantities of 100,000; 50,000; 10,000; 2000; 400; 80 or 0 p.p.m. in order to simulate daily intake of 5000, 2500, 500, 100, 20, 4 or 0 mg/kg of body weight.

Treatment of the animals began at 8 weeks of age and continued until spontaneous death.

The results, reported in table 6, show that aspartame causes a significant, dose-related increase of lymphomas/leukaemias and malignant tumours of the renal pelvis and ureter in females and malignant tumours of peripheral nerves in males.

These results demonstrate for the first time that aspartame is a carcinogenic agent, capable of inducing malignancies at various dose levels, including those lower than the current acceptable daily intake for humans (50 mg/kg of body weight in the USA, 40 mg/kg of body weight in the European Union).

As soon as we perceived the carcinogenic effects of aspartame during the elaboration of the data in our first mega-experiment, we planned an integrated programme of long-term bioassays, beginning treatment from prenatal life, on an additional 1500 rats and mice in order to better quantify the carcinogenic risks of aspartame.

The second CMCRC/ERF study [13] was conducted on 400 Sprague-Dawley rats (70-95/per sex/per group).

Aspartame was added to the standard rat diet in quantities of 2000, 400 or 0 p.p.m. in order to simulate daily intake of 100, 20 and 0 mg/kg of body weight.

Treatment of the animals began on the 12th day of foetal life and lasted until natural death.

The results of the second study show an increased incidence of lymphomas/leukaemias in female rats with respect to the first study.

Moreover, the study shows that when lifespan exposure to aspartame begins during foetal life, the age at which lymphomas/leukaemias develop in females is anticipated (fig. 1).

In addition, for the first time, a significant increase in mammary cancers in females was also observed. [breast cancers]

The results of this second study confirm the first experimental demonstration of aspartame's multipotential carcinogenicity and demonstrate that developmental exposure aggravates the carcingogenic effects (tables 7 and 8).

Conclusions

It is well known that the latency time of most cancers (i.e. the time elapsing between the start of exposure to carcinogenic risks and the clinical manifestation of cancers) may span from 20 to 40 years [14].

In light of the fact that 80% of cancers are diagnosed over the age of 55-60 years, we may attribute the present epidemiological dimension of cancer to exposure beginning during adolescence or adulthood.

Nowadays, we are facing a new era in which exposure to carcinogenic risks begins during developmental life (prenatal and postnatal) and continues into adulthood.

Based on the results of long-term carcinogenicity bio-assays testing chemical and physical agents using rodents, there is ample evidence demonstrating that developmental, in conjunction with adult exposure to carcinogenic risks, produces an overall increase in the incidence of malignant tumours and an increased incidence of specific neoplasms related to exposures to specific carcinogens.

Moreover, when comparing prenatal and postnatal exposure, the development of certain tumours may appear earlier in life.

We must take into serious consideration the warnings provided by long-term carcinogenicity studies and take adequate action today.

Based on the evidence presented, increased attention must be given to developmental exposures to diffuse carcinogens.

It is only in this way that in the future we can hope to avoid a passive registration of a worsening epidemiological situation.

[References and more studies are at the title URLs]

000124

The Human Side of Aspartame Poisoning

George Jantz Testimonial

My name is George Jantz and I am 69 years old. I have visited the www.dorway.com website many times and was extremely impressed. You had expressed the need for 'hornblowers' and this is why I am writing to you as I have lived an unforgettable ordeal over the years.

For years, I had consumed a lot of soft drinks containing aspartame. Both of my knees had been replaced in August, 1988, and I was still consuming large amounts of aspartame when, in 1989, I started to fight a severe form of depression that landed me in the Oshkosh Psycho Ward for one week. From there I was transferred to the VA Hospital in Tomah, Wisconsin, and stayed there for a number of months.

After being released in the fall of 1990 from the VA Hospital, I was forced to deal with a separation from my wife Lois for 1½ years. During the 1991 summer I sank into a deeper depression and became psychotic. I had been placed on the medications of Lithium and Depekote. I believe now that it was the combination of these drugs along with my large consumption of aspartame that took at least 15 years of my life causing me to make two suicide attempts and experience many serious health and financial problems.

I have since gotten off of Lithium and Depekote and stopped consuming aspartame. My personal experience, along with witnessing the deteriorating effects of aspartame on three of my personal acquaintances, has left me devastated. My stand against the use of aspartame and sharing with others the effects of aspartame on the human body has alienated me from most of my family and caused much heartache and sorrow.

In closing, it is my sincere hope that you and many others like you, can understand the long-term effects on a person's life because of the daily use of aspartame as well as prescription drugs. It is my sincere hope that my personal experiences can somehow help others in the future!

http://vaclib.org/news/astimes.htm

There is a wealth of additional information available on items that probably touch your life daily.
Please contact me for additional information on improving your health.

GEORGE JANTZ
213 W. Main Street
Princeton, WI 54968
Phone: 1-920-295-3862
Cell Phone: 1-920-229-2226
Email: gjantz@centurytel.net

000125

mizuno1-Edgar

From:	Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent:	Monday, February 11, 2008 8:17 PM
To:	HLTtestimony
Subject:	Abby Cormack continued, testimony of her case, HB2680, banning aspartame, including her testimony in New Zealand

```
>Date: Tue, 12 Feb 2008 18:43:49 +1300
>From: "Abby Cormack" <abbycormack@gmail.com>
>To: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
>Subject:
>
>SUBMISSON ON ASPARTAME INQUIRY
>
>To the Health Select Committee:
>
>
>
>20th September 2007
>
>
>
>This submission is from
>
>Abby Cormack
>
>43 Cockayne Road
>
>Khandallah
>
>Wellington
>
>Home (04) 9716282
>
>Work (04) 2376900
>
>Mobile 027 3884622
>
>Email <mailto:abbycormack@gmail.com>abbycormack@gmail.com
>
>
>
>I wish that the following also appear in support of my submission
>
>Don Wils (aspartame sufferer)
>
>Home (03) 312 1777
>
>Work  (04)498 6507
>
>Mobile 027 270 3889
>
>Mobile 021 152 2836
>
>Email  <mailto:donald.wills@nzdf.mil.nz>donald.wills@nzdf.mil.nz
>
>
>
>I wish to request a full inquiry into the health effects of aspartame.
>
>
```

000126

>
>
>
>After suffering debilitating physical and
>psychological symptoms for over four months, my
>diagnosis came by chance as I was desperate for
>answers on my deteriorating medical condition.
>When googling 'aspartame' and finding thousands
>of websites warning me of the effects of this
>chemical, I immediately stopped consuming the
>sugar free chewing gum and diet coke, both of
>which contained the neurotoxin - aspartame (otherwise known as 951).
>
>
>
>Numerous unnecessary trips to the doctors, tests
>for Diabetes, Lupus, Multiple Sclerosis,
>electrolyte imbalances, mineral deficiencies
>(all returned negative) and within 48 hours of
>removing aspartame from my diet, my excruciating
>limb discomfort starting subsiding. Just the
>first sign of recovery. One change to my
>lifestyle, and within the following two weeks,
>every single one of both my physical and psychological symptoms disappeared.
>
>
>
>I believe my experience with aspartame is just
>the tip of the iceberg and there are most
>certainly other people in New Zealand who are
>unknowingly going through similar health
>problems I did due to their consumption of
>aspartame. Since my case became public I have
>received many emails from other potential
>victims. One case in particular, mimicked my
>four month ordeal, and like I did, has become
>progressively healthy since cutting aspartame
>from his diet (see Case E, attachment 1). Other
>emails are from concerned relatives who are
>recognising similar psychological signs in their
>family members. Unfortunately these victims
>alongside the medical profession are simply not
>identifying these health problems alongside their intake of 951.
>
>In some respects, the severity of my symptoms
>alerted me to the fact that I wasn't just
>suffering from a minor problem, such as stress,
>or spending too much time in front of a
>computer. Across New Zealand, the above
>circumstances are being confused with aspartame poisoning.
>
>The 92 symptom list released by the American
>Food and Drug Administration themselves (see
>attachment 2) is a clear indication as to what
>aspartame has been responsible for, and what I
>believe is causing detrimental health effects to
>many people, most importantly the children of New Zealand.
>
>
>
>
>
>
>
>Brief history of aspartame
>
>

000127

>
>Originally listed by the Pentagon as a bio
>chemical warfare agent, aspartame today can now
>be found in over 5000 products on our super market shelves.
>
>Commercially sold under NutraSweet, Canderel,
>Wrigley's, aspartame is slowly making it's way
>into vitamins (for children!!) and over the counter drugs.
>
>Because it contains no calorific value, it is
>considered a healthy option, and encouraged as a
>sugar alternative for Diabetics, and people suffering from Obesity.
>
>
>
>
>
>Concerns over aspartames toxicity meant that for
>eight years the US Food and Drug Administration
>(FDA) denied it's approval, essentially keeping
>it off the world market. NutraSweet has been at
>the centre of intense controversy almost since
>July 18 1981, the day Arthur Hull Hayes Jr
>approved its use in dry foods. In rendering his
>decision, Hayes overturned the public board of
>inquiry which voted 3-0 to ban aspartame because
>research had not proved with 'reasonable
>certainty' that the sweetener was safe.
>
>
>
>An eight month United press International
>investigation not only turned up scientific
>concerns, but also raised questions about the
>way the product was approved. Firstly in regards
>to the independence and depth of industry funded
>research, and secondly about the 'revolving
>door' relationship between FDA officials
>including former commissioner Arthur Hull Hayes
>Jr and the food and drink industries. (See attachment 4)
>
>
>
>
>
>Why is aspartame harmful?
>
>Aspartame components
>
>
>
>50% Phenylalanine
>
>40% Aspartic Acid
>
>10% Methanol
>
>
>
>Methanol is a dangerous poison that cannot be
>legally be added to food in any civilized
>country worldwide. Cumulatively, methanol is
>known to remove the insulation from nerve axons,
>producing symptoms identical to Multiple
>Sclerosis, a condition I was tested for more
>than once during the 4 months I was seeking answers on my medical condition.
>

000128

>
>
>Methanol enters the body's cells and is
>converted to formaldehyde, an undetectable toxin
>and recognized cancer causing agent of the
>highest order (Group 1) by the International
>Agency for Research of Cancer. Humans lack the
>enzymes which prevent methanol from metabolizing
>into formaldehyde, the process which takes place
>as soon as aspartame is consumed.
>
>No diagnostic procedures can detect a protein
>molecule damaged by formaldehyde, yet the
>damaged molecule loses function, hence the
>reason I could not get a toxic reading in my
>blood count. Subsequently, damaged protein
>molecules are not tolerated by the immune system.
>
>
>
>In response to these concerns, spokespeople for
>the soft drink beverage industry and for the
>NZFSA claim that there is a large amount of
>methanol consumed in the normal diet and that a
>'little' more from aspartame will do no harm.
>However, one can of aspartame sweetened diet
>coke yields 16milligrams of methanol, more than
>twice the amount of methanol from other sources
>in a typical diet. Furthermore, methanol
>consumed within fruit is bound by pectin, a
>substance attached to the methanol molecule so
>the toxic breakdown does not occur
>independently. As well as this, fruit contains
>ethanol, the natural antidote for methanol.
>
>
>
>Since scientists discovered that humans lack the
>liver enzyme which metabolizes methanol, (this
>enzyme is present in animals) this toxin has
>been forbidden in foods and must always be
>packaged with a label showing a skull and
>crossbones, the universal symbol for poison.
>
>
>
>
>
>Requests:
>
>· Warning labels on products containing aspartame
>
>· Internet database identifying products
>containing aspartame and identifying the
>possible side effects of aspartame consumption
>
>· Medical profession to be fully educated
>and alerted to the symptoms of aspartame poisoning
>
>· Removal of all sugar free sodas
>containing aspartame from New Zealand schools
>
>· Complete list made of ALL medications
>and over the counter prescription drugs
>containing aspartame to be widely publicized, and included on internet database
>
>

>
>I also recommend the Government fund a study on
>the formaldehyde-producing ability of aspartame
>under in vivo conditions done by independent
>scientists, state-sponsored and open to observers of both sides.
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Medical Timeline 2007 - Abby Cormack
>
>
>
>
>
>*******CHEWING 4 PACKETS OF SUGAR FREE CHEWING GUM DAILY******
>
>500ml DIET COKE DAILY (AT LEAST)
>
>EXTRA DROPS (1 PACKET PER WEEK)
>
>
>

000130

>
>
>
>
>Living circumstances
>
>Flatted with two friends in Auckland
>
>Social environment
>
>Several friends
>
>Support of my family in Wellington whom I spoke to regularly
>
>Well paid job in Marketing for an Author in Auckland
>
>
>
>Feb 2007 — Psychiatrist appointment
>
>Complaint - Depression, irritable, anxiety, insomnia.
>
>
>
>Diagnosis - Mild depression, anti depressants
>offered. I declined medication, and thought I
>could overcome the depression myself.
>
>
>
>March 9th 2007- Psychiatrist appointment
>
>(Family meeting with Mum and Dad)
>
>Complaint - Increasing anxiety, depression,
>unable to hold down a job, paranoia, social phobia and suicidal thoughts.
>
>
>
>Diagnosis - Severe depression, suggestion of
>Bi-Polar, not confirmed. Prozac offered, again
>refused, wanted to overcome without medication.
>
>
>
>Living circumstances changed
>
>Medical condition forced my return to WELLINGTON
>to have the support of my family. Moved into my
>family home with Mum, Dad and younger brother.
>
>Returned to my previous job I had before I moved to AUCKLAND
>
>New start, thought this would improve my psychological state.
>
>
>
>
>
>
>
>
>
>
>
>

000131

>
>
>
>
>
>
>
>
>
>Beginning of April 2007
>
>Still living at home with family.
>
>Enjoying my new job. Marketing/Event co-ordinator Whitireia Performing Arts.
>
>
>
>Complaint - Cramping sensation in my legs
>particularly at night (mild). Bearable but
>seemed to get increasingly worse over the day.
>
>Pains in abdomen
>
>Skin became increasingly bad, acne
>
>Depression starting to creep back in (mild)
>
>Noticed a change in my articulation
>
>Mind foggy and vague
>
>Insomnia (taking strong pain killers to knock me out at night)
>
>Concentration lapsed
>
>Felt isolated from the world
>
>Vision blurred
>
>
>
>20th April 2007 - 1st appointment- GP
>
>Complaint - Skin condition on my face, very spotty, asked for medication.
>
>Muscle cramps (mild)
>
>Felt generally unwell
>
>Sore throat
>
>Psychological state not discussed
>
>
>
>Diagnosis - Acne, prescribed Minotabs
>(antibiotic) taken twice daily (6 month course)
>
>Cramps - put down to over training at the gym,
>instructed to take more rest days.
>
>Throat swab taken - Strep throat? Negative
>result. However Penicillin prescribed
>
>Blood Test - Complete blood count. (Electrolytes, possible imbalance?)

000132

>
>Iron low, no other abnormalities
>
>Ferritin low - 12.3 (range 15-150)
>
>Red cell count - 3.88 (range 3.9-5.35)
>
>MCV - 99.3 (range 80-98)
>
>MCH - 34 (range 27-33)
>
>Prescribed Ferrogradumet (iron)
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>20th April 2007 - Appointment - Focal Points Optometrists
>
>Complaint - Blurred Vision and headaches
>
>Diagnosis - Vision -1.25 Right eye
>
> -1.00 Left eye
>
>
>
>May 8th 2007- 11pm - Brother rang Accident and Emergency
>
>Complaint - Woke up at 11pm with unbearable
>cramping and pain in both arms. Tingling
>sensation and constrictive feeling down the
>length of both arms. No relief from Nurofen and
>Panadol. In severe pain, crying. Very
>frightened. Thought I was having a heart attack.
>
>Melatonin taken to help me sleep (no relief)
>
>Mysendol taken to help me sleep (no relief)
>
>Diagnosis - No diagnosis, reassured I was not
>having a heart attack. Instructed to see a GP the next day.
>
>
>
>May 9th 2007- Rang - GP

000133

>
>(did not go to work)
>

>Complaint - Had not slept the whole
>night, still in pain the following morning, I
>started getting concerned, I was now not just experiencing this in the evenings
>
>Deep Heat cream - purchased from the pharmacy. I
>rubbed this into to my arms and legs to relieve
>what I thought were muscle cramps (no relief)
>
>Diagnosis (over the phone) - Suggestion of skin
>pill reaction? Instructed to come off them to
>rule this out. Instructed to not train at the
>gym, cramps thought to be due to the weight
>training. To make an appointment with GP if the pain persisted.
>
>
>
>May 10th 2007 - 2nd appointment - GP
>
>(second day off work)
>
>Stopped training at the gym and came off the
>Minotabs as instructed and again woke up in
>agony from cramps. Very worried about myself.
>
>Complaint - Unbearable cramping in arms and
>legs. Taken excessive amounts of painkillers
>(Panadol, Voltaren, Nurofen). No relief.
>
>Psychological state deteriorating, very
>unstable, anxious, unaware of surroundings.
>
>Diagnosis - None. Possibly a result of heavy
>weight training from the previous two years.
>(Even though I had explained I had stopped training for 2 days)..
>
>Possible Sodium/magnesium deficiency?
>
>Multiple Sclerosis an option, diabetes, or Lupus?
>
>MS suggestion dismissed due to my strength. No
>butterfly rash across my nose so Lupus also
>dismissed. Diabetes to be tested in a blood test.
>
>Blood tests done immediately - results back, low iron no other abnormalities.
>
>DOCTORS CONFUSED!!!!! Told to make another appointment if pain persisted.
>
>Prescribed Diclofenac (anti inflammatory)
>
>Valium (10x 2mg) to help me sleep and ease the cramps 6mg
>
>No relief from either, still waking throughout the night
>
>
>
>May 11th 2007
>
>(third day off work, too exhausted)
>
>Complaint - Woke in tears, constant tingling and pain in arms and legs
>
>8mg Valium taken at 2pm - knocked me out for 2 hours, re woke in agony.
>
>Emailed psychiatrist for help. Anxious, teary, suicidal thoughts. 000134
>

>WANTED AN ANSWER.
>
>
>
>Correspondence with Psychiatrist via email
>
>
>
>On May 11, 2007, at 4:52 PM, Abby Cormack wrote:
>
>
>Hi Charles
>
>
>
>Please could you write me out a prescription for
>some sort of anti depressant? I am really
>struggling and you suggested when I left that if
>I felt I needed it, you would send me a
>prescription over email which I would really appreciate.
>
>I am highly anxious, I'm having panic attacks
>and terrible cramps in my arms and legs in the
>middle of the night, I went and got my electrolytes checked and they are fine.
>
>
>
>Would really appreciate it your could prescribe
>me with some anti anxiety medication. The doctor
>I went to yesterday, has given me some Valium
>but I am reluctant to take this for any length
>of time because of its addictiveness.
>
>
>
>Thanks
>
> Abby Cormack
>
>
>
>On 5/11/07, Charles Fishman
><<mailto:charles@fishman.co.nz>charles@fishman.co.nz> wrote:
>
>
>
>Dear Abby,
>
>
>
>I am happy to fax you a script. Do you have any medical problems like Asthma.
>
>Do you have access to a fax machine?
>
>Best regards,
>
>Charles
>
>
>
>
>
>On May 11, 2007, at 6:05 PM, Abby Cormack wrote:
>
>
>No asthma or allergic reaction to medication that I am aware of.
>

000135

>I would prefer a medication that reduced anxiety.
>
>
>
>Fax number: 04 9716 268
>
> Thanks
>
>Abby
>
>
>
>Sick leave taken at work - 9th 10th and 11th May
>2007. Completely stopped gym training. Medical
>certificate written by Penny Rowley for these 3 days.
>
>
>
>May 12th 2007 - Psychologically unstable and desperate for help
>
>
>
>
>
>On 5/12/07, Charles Fishman
><<mailto:charles@fishman.co.nz>charles@fishman.co.nz > wrote:
>
>Dear Abby,
>
>Before I prescribe, I have a few questions. Tell
>me more about your depression? Do you have
>sleep interruption--esp. early morning
>awakening? Do you do a lot of crying, appetite
>loss, any suicidal thougthts? Are you hopeful
>for the future---that things well improve? Is
>the social situation that your stressful? If so,
>in what way. What is the status of your
>weight--are you losing? Exercise? Are you having
>any mania----racing thougths, actions you are sorry about in the morning.
>
>
>
>from
>
>
>
>Abby Cormack <<mailto:abbycormack@gmail.com>abbycormack@gmail.com>
>
>
>
> hide details
>
> May 12
>
>
>
>
>
>To
>
>
>
>Charles Fishman <<mailto:charles@fishman.co.nz>charles@fishman.co.nz>
>
>
>

>
>
>Date
>
>
>
>May 12, 2007 10:28 AM
>
>
>
>
>
>subject
>
>
>
>Re: Medication-queries
>
>
>
>
>
>mailed-by
>
>
>
><http://Gmail.com>Gmail.com
>
>
>
>Hi Charles
>
>
>
>I went to the doctor on Thursday because I was
>getting terrible arm and leg cramps in the
>middle of the night, I have had these symptoms
>for a while but put it down to my weight
>training, however, it got worse and I thought I
>was having some sort of heart attack on Wed night.
>
>The only symptoms were the leg and arm pains, I
>can't explain what the pain is exactly, it was a
>deep pain, almost like growing pains, it may not
>have been cramp, but like an achy/tingling in my
>legs. It was unbearable. The doctor did bloods
>and found nothing, but she prescribed me with 10
>2mg Valium tablets just to make me sleep and to
>be honest has not really helped too much.
>
>
>
>
>
>My depression is just feeling so low and
>useless. It has changed a bit though, I still
>have this feeling of being such a failure, but I
>am so paranoid that people don't like me or want
>to socialise with me, and even conspiring against me.
>
>I am constantly analysing conversations I have
>with people and wonder if somehow I have
>offended them. A bit strange I know. I have been
>drinking a lot of alcohol which probably has not
>helped, in the mornings after I have been
>drinking, I just spend the day finding out what
>I said to people and if I upset anyone, then

000137

>beat myself up for being me basically. Always
>petrified people are not going to want to
>socialise with me and think I am just someone to laugh at.
>
>I wouldn't say I am suicidal but yes I do think
>about it, I am extremely teary. I have put on a
>bit of weight so feel like I am losing control
>and I am scared I am going to go beserk with my
>food, and eat 10 pies and get huge. I think
>about my weight so much and find my self on the
>scales about 10 times a day, I get hungry so not
>really restricting my food intake, but now I am
>embarrased to go to gym because I know people
>are going to comment on how I look.
>
>I saw my ex this week and that made me very sad,
>I took him to the airport yesterday and said
>goodbye, he is off to the UK for four months,
>and that made me soooo soooo sad I just came
>home, took that Valium and tried to sleep, that
>is when I emailed you. I am also trying to think
>of every excuse not to go to work.
>
>I took Wed, Thurs and Fri off, but that was
>mainly because I was so tired from my sleeping.
>Im not sleeping at all, I am not waking up in
>tears, but just up more than hald the night,
>thinking about my weight, my ex, my friends. I
>have been crying alot during the day. I just
>feel useless Charles, I feel no one likes me,
>that males only want me for one thing and that I
>am losing control of my weight.
>
>Hope this helps.
>
>Thanks
>
>Abby
>
>On 5/12/07, Charles Fishman
><<mailto:charles@fishman.co.nz>charles@fishman.co.nz> wrote:
>
>Dear Abby,
>
>Before I prescribe, I have a few questions. Tell
>me more about your depression? Do you have
>sleep interuption--esp. early morning awakening?
>Do you do a lot of crying, appetite loss, any
>suicidal thoughthts? Are you hopeful for the
>future---that things well improve? Is the social
>situation that your stressful? If so, in what
>way. What is the status of your weight--are you
>losing? Exercise? Are you having any
>mania----racing thougths, actions you are sorry about in the morning.
>
>You had taken Aropax--was that helpful? How may mg were you on?
>
>Sorry about the Valium but it is a dangerous drug.
>
>Kind regards,
>
>Charles
>
>On May 11, 2007, at 6:05 PM, Abby Cormack wrote:
>
>
>

000138

>No asthma or allergic reaction to medication that I am aware of.
>
>I would prefer a medication that reduced
>anxiety, the Valium has been fantastic!!
>
>
>
>Fax number: 04 9716 268
>
>
>
>Thanks
>
>Abby
>
>
>
>On 5/11/07, Charles Fishman
><<mailto:charles@fishman.co.nz>charles@fishman.co.nz > wrote:
>
>Dear Abby,
>
>I am happy to fax you a script. Do you have any medical problems like Asthma.
>
>Do you have access to a fax machine?
>
>Best regards,
>
>Charles
>
>
>
>On May 11, 2007, at 4:52 PM, Abby Cormack wrote:
>
>
>
>Hi Charles
>
>
>
>Please could you write me out a prescription for
>some sort of ani depressant? I am really
>struggling and you suggested when I left that if
>I felt I needed it, you would send me a
>prescription over email which I would really appreciate.
>
>I am highly anxious, I'm having panic attacks
>and terrible cramps in my arms and legs in the
>middle of the night, I went and got my electrolytes checked and they are fine.
>
>
>
>Would really appreciate it your could prescribe
>me with some anti anxiety medication. The doctor
>I went to yesterday, has given me some Valium
>but I am reluctant to take this for any length
>of time because of its addictiveness.
>
>
>
>Thanks
>
>
>
>Abby Cormack
>
>

000139

>
>
>
>
>Charles Fishman, M. D.
>
>10 Amiria St.
>
>St. Mary's Bay
>
>Auckland,
>
>New Zealand
>
>1011
>
>649-361-5112
>
>649-306-2706 (fax)
>
>6421-779-797 (cell)
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Charles Fishman, M. D.
>
>10 Amiria St.
>
>St. Mary's Bay
>
>Auckland,
>
>New Zealand
>
>1011
>
>649-361-5112
>
>649-306-2706 (fax)
>
>6421-779-797 (cell)
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>From: Charles Fishman <<mailto:charles@fishman.co.nz>charles@fishman.co.nz>

000140

>Date: May 12, 2007 12:06 PM
>Subject: Re: Medication-queries
>To: Abby Cormack <<mailto:abbycormack@gmail.com>abbycormack@gmail.com>
>
>Hi Abby,
>
>Pls give me your phone #. Ill call you and we can discuss these things.
>
>Thanks
>
>Charles
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>from
>
>
>
>"<mailto:charles@fishman.co.nz>charles@fishman.co.nz"
><<mailto:charles@fishman.co.nz>charles@fishman.co.nz>
>
>
>
> hide details
>
> May 14
>
>
>
>to
>
>
>
><mailto:abbycormack@gmail.com>abbycormack@gmail.com
>
>
>
>
>
>date
>
>
>
>May 14, 2007 3:51 PM
>
>
>
>
>
>subject
>
>
>

000141

>RE: Phone
>
>
>
>I will call you. I think Ill be back 8ish. I am concerned about you
>and want to talk to you.
>Best,
>Charles
>
>
>
>
>
>No relief from ceasing gym training, started back at the gym, weights only.
>
>
>
>15th May 2007 – Charles Fishman – Phone call
>
>Detailed discussion about psychological state.
>Ordered to seek help in Wellington. I requested
>medication. Agreed that I should wait for
>medication from the Wellington psychiatrist.
>
>
>
>18th May 2007 – Self diagnosis online
>
>Diagnosis - Kidney disease? Irritable Bowel Syndrome? Depression?
>
>
>
>20th May 2007– Mum called Accident and Emergency Department (midnight)
>
>Complaint – Severe cramping, tingling, tight
>neck, dizzy, feeling 'not with it', rolling
>around on the floor in agony, in tears. DESPERATE!
>
>
>
>Told to come into hospital immediately
>
>
>
>MS suspected again, reflex tests carried out.
>Dismissed due to strength. Full physical medical
>test done. No answers. Nurofen and Panadol given (no relief)
>
>Mum mentioned the excessive amounts of chewing
>gum I consume this was dismissed, "That will only cause laxative effects'.
>
>Heart Rate 55 (approx). Blood pressure checked
>120/80 (approx). Pain relief given for cramps.
>
>Diagnosis – Panic attack. Told to go home and take it easy at the gym.
>
>
>
>
>
>
>
>FINAL DIAGNOSIS
>
>
>

000142

>
>
>
>
>23rd May 2007 - 3rd appointment - GP
>
>Woke in pain again, made yet another appointment with a GP at 8pm.
>
>
>
>Came home from work at 4pm after losing control
>of my bladder, in a hysterical state, could not put up with this anymore.
>
>Mum mentioned there is Phenylalanine in the
>chewing gum and had heard rumours this chemical
>caused cancer. I googled
>'Phenylalanine'. Re-directed to several sites
>describing the effects of aspartame.
>
>ALL SYMPTOMS OF ASPARAME POISONING MATCHED UP
>
>
>
>STOPPED CHEWING
>
>SUGAR FREE GUM IMMEDIATELY
>
>
>
>
>
>8pm - Same evening, walked into the Doctors room
>with my internet diagnosis under one arm. GP had
>looked into my previous doctor's appointment and
>had seen my complaints of severe cramps.
>
>Diagnosis - Referring me to a Neurologist.
>
>
>
>All tests had been carried out, only deficiency was iron.
>
>MS tested, negative
>
>Diabetes tested, negative
>
>Lupus tested, negative
>
>Electrolytes tested, sodium/mineral levels tested. All clear.
>
>Course of antibiotics, no relief
>
>Gym training stopped, no relief
>
>
>
>I gave the doctor the internet information about
>aspartame poisoning. She was absolutely shocked,
>but was convinced this was the cause and let me
>go without further tests or appointments.
>
>
>
>Final Diagnosis - aspartame poisoning
>
>(Verification from international medical professionals, see attachment 3)

000143

>
>
>
> From the 23rd May 2007
>
>
>
>48hours after stopping chewing the gum, the
>tingling, cramping sensation completely ceased.
>Psychological state dramatically improved, and
>continues to. No further communication with Psychiatrist.
>
>
>
>
>
>19th July 2007
>
>Started taking EAS Vanilla flavoured protein powder. 4 servings per day.
>
>
>
>
>
>22nd July 2007
>
>Complaint - Return of tingling/cramping
>sensations in my arms, and hot flushes.
>
>Checked protein powder contents and contains
>2750mg of Aspartic Acid per serving.
>
>Have stopped taking this product, symptoms once again have disappeared.
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Appointment costs:
>
>2 x Psychiatrist appointments @ $200 = $400
>
>3 x GP appointments @ $50 each = $150
>
>Optometrist = $60
>
>
>
>Total = $610 (3 month period)
>
>
>
>
>
>Medication consumed:
>

CC0144

>Nurofen
>
>Panadol
>
>Diclofenac (anti inflammatories)
>
>Valium
>
>Melatonin
>
>Minocycline (skin medication)
>
>Mysendol
>
>Deep Heat cream
>
>Valerian
>
>Anti depressants (offered but not taken)
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>ASPARTAME CASES
>
>
>
>
>
>Case made public: Yes
>
>Name of victim used: No
>
>Agreed to be contacted if necessary: Yes

>
>
>
>
>
>Case B
>
>
>
>
>
>Email: <mailto:helen@premia.co.nz>helen@premia.co.nz
>
>
>
>Hi Abby
>
>I spoke to you briefly at Rotary
>tonight. Thanks so much for talking to us. I
>hope people start to listen, although I know you
>have a hard road ahead because of preconceived
>ideas that sugar is bad, but the alternative is good.
>
>As I mentioned, my husband was diagnosed with a
>major heart problem 3 years ago. He was
>slightly overweight and was told to lose 15
>kilos to give his heart a chance to repair. As
>he was not allowed to exercise he had to resort
>to diet alone to lose the weight and like most
>dieters resorted to diet drinks to ease his
>thirst. Not long after starting the drinks
>(probably 300-600 ml per day) he started getting
>numb toes. The doctors initially thought it was
>something to do with his circulation because of
>the heart problems, but could not verify that.
>
>He was also very agitated and very
>pessimistic/melancholy. This we put down to the
>fact that because of the illness he wasn't
>working, was worried about his heart etc etc.
>all sorts of things could have contributed.
>
>When his heart was back to a "normal" heart he
>still had the numbness, which he eventually
>ignored.   He was still on the sugar free diet.
>
>As he relaxed the diet a bit his anxiety
>improved, but he would still have some of the drinks.
>
>After 12 months of dieting and getting his heart
>back in good shape he was found to have stomach
>cancer and had his entire stomach surgically
>removed. He suffered all sorts of complications
>following the surgery and for three months was
>not able to heat so was fed through a
>tube. Despite his very serious illness his
>mental state was far better than it had been
>prior to his hospital stay. He did mention one
>day that even though he was very very sick he
>did not have the numbness in his toes any
>longer. He was not having any food or liquid at all so therefore no aspartame.
>
>When he eventually came out of hospital and went
>back to a normal diet (without "sugar free"
>substitutes) the numbness did not return and his
>spirits, despite being very ill, were very high.
>

000146

>Unfortunately the cancer returned and he died last year.
>
> I was always convinced that the Stomach Cancer
> was caused by the aspartame - I don't know why
> I thought that but now having read of your
> plight I suspect that the numbness and the
> anxiety were all part of it as well. Knowing
> the symptoms abated when he stopped the drinks seems to confirm it.
>
> Incidentally my 82 year old mother takes equal
> in her coffee and has done for about 20 years -
> she too has tingling in her toes (undiagnosed
> despite many attempts by many doctors) and is
> a very very anxious person. I am trying to
> convince her give it up but she is scared she
> will put on weight (and then has a thick layer
> of margarine on her bread) so I am fighting a losing battle there.
>
> Abby if I can help your cause please let me
> know. I am more than happy to for you to use
> my husbands case as an example but do not want his name mentioned.
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Case made public: Yes
>
>Name of victim used: Yes
>
>Agreed to be contacted if necessary: Yes
>
>
>
>Case C
>
>Name: Kim Beamsley
>
>Email: <mailto:kymb@bopis.co.nz>kymb@bopis.co.nz
>
>Good to talk to you today. It is nice to
>meet people who don't think you're nuts or
>politely agree and then go on consuming this awful poison.
>

000147

>My symptoms were Joint pain, hypoglycemia,
>frequent urination, brain fog (not being able to
>think straight), chronic fatigue, confusion,
>impotency, inability to concentrate, insomnia,
>itching shins, memory loss, slurring of speech,
>blurred vision, extreme weight loss. It wasn't a
>fun time and thank goodness my Dr was very
>progressive. Unfortunately he was killed last
>year by a careless driver in Canada while
>crossing a road. His name was Dr David Higgins
>(Bethlehem Medical Centre Tauranga) and I'm sure
>along with past health problems that he has saved my life.
>
>I have watched some of what Betty Martini has
>been doing and I'm happy to help if I'm needed.
>I would love to see aspartame and msg banned from the planet!
>
>Thanks for the work you are doing in bringing this issue to the public.
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Case made public: Yes
>
>Name of victim used: Yes
>
>Agreed to be contacted if necessary: Yes
>
>Case D
>
>Name: Jannine Norton
>
>Email: <mailto:j.norton@barfoot.co.nz>j.norton@barfoot.co.nz
>
>My son has cerebral palsy and has been taking a
>tablet of redoxon containing aspartame for
>almost two weeks, he has suffered severe
>cramping in one arm and spasm, while on it but it settled
>
>Down after stopping, he also had severe
>insomnia. He still has the chest pains, anxiety
>and confusion and fatigue….A homeopath has given
>me a remedy containing Phenylalanine, should he
>take it???????
>
>Please reply urgently…. We are
>going to listen to you at the Auckland Medical
>school this Thursday, but my son just wants to
>get on and sort his life out, he is 18 still attends school.
>
>
>
>
>
>
>

CC0148

>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Case made public: Yes
>
>Agreed to be contacted if necessary: Yes
>
>
>
>Case E
>
>
>
>
>
>Email: <mailto:c.rutherford@barfoot.co.nz>c.rutherford@barfoot.co.nz
>
>
>
>NB: The below letter was written to the Counties Health Manukau Board.
>
>This case has completely recovered after coming off aspartame products.
>
>
>
>Further to my phone conversation with your
>colleague Simon on 4th July, I am writing about
>my experience with Counties Manukau Health. The
>following is the transcript I sent to CMBHB, I
>have added the last paragraph today as I saw the letter and called you.
>
>I received the questionnaire form that you sent
>out recently with regard to my treatment from
>Counties Manukau Health. As a whole, I am very
>disappointed at what occurred whilst under the
>care of your health board and will attempt to make you understand how I feel.
>
>
>
>I returned from overseas in February and after a
>couple of weeks, I fell ill with a mysterious
>illness that involved swelling in my limbs and
>arms and numbness sensations also. My first
>port of call was my original GP Graham Whitney
>at Half Moon Bay, and I had several visits to
>him each which cost $60 each. I also was
>desperate whilst visiting family in the
>Coromandel and saw a doctor in Whitianga who
>prescribed Frusemide. This did nothing. Then
>after more visits to a locum who had taken over
>from my GP, and after several visits and
>countless blood and urine tests, referred me to

000149

>Middlemore Hospital. My first visit here again
>proved fruitless, as tests came back
>inconclusive. I had to explain my symptoms
>again, and again to many doctors and
>specialists. I stayed overnight to complete a
>24 hour urine sample, only to be told later that
>was a complete waste of time as I had been given
>the wrong bottle. I was told to attend a follow
>up appointment at the Superclinic in
>Manukau. The original doctors I saw at
>Middlemore were nowhere to be seen and again, I
>had to explain to a new doctor what I was going
>through. All this time I was in constant pain
>and all areas of my life were being affected, as
>I couldn't sleep, my marriage was being affected
>and work was not an option. Of course, I didn't
>qualify for sickness benefit.
>
>At this appointment at Superclinic more doctors
>came to view and give an opinion and no-one
>could give us any answers. I was sent away with
>the prospect of a week in Middlemore for more
>'tests'. I am completely understanding of
>health professionals doing their best to
>establish a diagnosis, but I was given no advice
>on how to treat myself and told to 'get on with
>it'. So I spent a week in a ward doing more 24
>hour urine tests, MRI, heart ultrasound but all
>came back OK. The nurses and one registrar Eric
>Swanton was very thorough and sympathetic but
>Fraser Burling the senior doctor guessed at my
>condition and gave no substantial ways of
>treating myself and was very unhelpful. My life
>had been turned upside down and it was like
>no-one really cared. I had an infectious
>diseases specialist spend time with me as I had
>been in Egypt but after suggesting it may be a
>bug I had looked up on the internet, he
>proclaimed he knew nothing about it and would
>take it no further. I had been forced to search
>the internet as I was desperate for a solution.
>
>After a week in Middlemore I was discharged with
>lymphodoema tarda 'question mark' and told to
>get on with life. I received another follow-up
>appointment in the mail. My mother accompanied
>my on this trip and almost begged to the doctor
>who was an original doctor from my first time to
>help us. That doctor was Jason Barton who saw
>me in Middlemore and he promised me he would
>have a meeting with other registrars to see if
>they had any ideas and call me in 4 days -
>needless to say, I never heard from him and
>after 4 weeks, again returned to the Superclinic.
>
>
>
>
>
>I demanded why I had to explain my story to a
>whole new team, and why I had not been contacted
>when I was told I would. My GP advised me that
>there was a test that could determine whether I
>had a bug that caused swelling and numbness,
>picked up from foreign countries. Middlemore
>would not do that test because of the

000150

>cost. Here I ask you, how much did it cost to
>copy and distribute these questionnaires to
>people who were treated by your health
>board? Surely that money could be used to test
>for bugs in cases such as mine. Money is being mis-directed.
>
>So, I was appalled when the doctor I saw at the
>Superclininc proceeded to search GOOGLE for this
>tropical disease, just as I had done. Why
>should I put my faith in doctors if they are
>doing what I have been doing? I thought that
>was very unprofessional. I was eventually
>tested for this tropical bug at my last visit
>there and told to come back in 6 months.. 6
>months! And just live with my condition? I
>felt like I was living in a third world country
>and I feel very sad at the state of NZ healthcare.
>
>It is now June and I have been ill since February.
>
>
>
>As luck would have it, I happened to be
>listening to a talkback radio show 10 days ago
>and a girl had rung in saying she had EXACTLY
>the same symptoms and it was all down to
>artificial sweetener poisoning, from
>Aspartame. Having had no answers or help or
>suggestions from healthcare professionals at
>your health board, I saw another GP who
>confirmed I may have this poisoning too. I have
>been cautious to what I can eat and drink and I
>feel there has been an improvement in my
>condition. But no thanks to Counties Manukau
>Health. I feel let down, disappointed,
>disgusted and I have lost trust with you at the
>lack of help and assistance. I am a New
>Zealander, who after my traditional OE wanted to
>come home to start a family but now feel afraid
>and despondent at my country's health systems
>and wonder what the future may hold.
>
>
>
>Another development has since arisen; I have
>seen a letter from Counties Manukau General
>Medical Clinic, written by Brendon Chan on
>behalf of Dr Burling to my doctor in
>Onehunga. Mr Chan writes that I was agitated
>and annoyed at the treatment I received from
>your DHB, and really I think anyone in the same
>situation would have been the same. His tone is
>dismissive and offensive with no real attempt to
>solve this problem and offer apologies of any
>kind. At the end of the letter it states that
>the tropical bug test (filariasis) that I was
>told had been done and sent off overseas has now
>not been carried out, due to cost. I am livid
>that it was not done as I was told and again I
>am left clutching at straws and guessing on how
>I can get better. Clearly it is down to me and
>perhaps the Auckland District Health Board to
>help. I hope Auckland DHB is a hell of a lot more competent and comprehensive.
>
>
>
>Please take the time to listen to my case and I

>
>CASE F
>
>Name: Louis Guyomar
>
>Email: <mailto:LUIGIBAR@xtra.co.nz>LUIGIBAR@xtra.co.nz
>
>Dear Abby
>
>
>
>We attended the meeting last Tuesday at the
>Library and were very impressed with what we learned about Aspartame.
>
>
>
>Now, to my story : about eight years I started
>to consume Wrigley's sugarfree gum, which I
>would buy by the box at Moore Wilson's on
>
>a regular basis. In August 2007 I developed the
>most massive boil in my back, which was totally
>unexplained as I ate good food. And in
>
>November of that year I suffered a mild heart
>attack from which I have recovered well but I am
>now on Betaloc (heart) Lipex (cholesterol)
>
>and Accuprix (blood pressure) on top of the daily low-dose aspirin.
>
>
>
>It has always been accepted that my cardiac
>problem was due to being a diabetic. I did cut
>down on the chewing gum but continued until very
>recently, with some tingling in the legs, some
>unexpected ance on my neck and painful feet.
>
>
>
>Since the ad in the local paper about the
>meeting I have stopped the gum, and we are now
>very careful about 951. I phoned Schweppes
>
>the other day, asking about 951. I was first
>told the person at the other end was not allowed
>to reveal what it was but she came back to tell me it was Aspartame.
>
>
>
>The acne has gone, my feet feel better, my
>general mood has improved. Some people would
>still be convinced my health is caused by
>
>being a diabetic. I am not, and I have started my crusade about Aspartame-951.
>
>
>
>I wish you well.
>
>
>
>
>
>
>
>

000152

>
>
>
>Case made public: Yes
>
>Name of victim used: Yes
>
>Agreed to be contacted if necessary: Yes
>
>
>
>Case I
>
>Name: Steve Kirby
>
>Email: <mailto:steveclare@slingshot.co.nz>steveclare@slingshot.co.nz
>
>Dear Abby,
>
>I attended the Auckland presentation with Betty
>Martini and promptly removed artificial
>sweetners from our lives. My husband had been
>using splenda on his breakfast for some months
>as his cholesterol is borderline or high each
>time it is checked and his weight was creeping
>up A recent concern of his has been joint pains
>particularly thumbs, hips and knees. Despite
>large doses of joint complex and more recently
>voltaren these have persisted. We had put it
>down to long distances riding a sports motorbike
>in his younger years but given that he is only
>38 we were rather concerned. I wanted to stop
>the sweetners for general health reasons but he
>has found that even in the space of 1-2 weeks he
>had not taken any voltaren and although he
>continues with joint complex he has just had the
>odd twinge in his thumb. That is a remarkable
>improvement which we cannot seem to attribute to
>anything else. The weather is not drier and he
>has not made any other lifestyle changes. I
>thought this may be of interest to you.
>
>Follow up letter after I requested this case be used in my submisison
>
>1st October 2007
>
>About a year ago my husband, a healthy 38 year
>old male of European origin, started to have
>pains in the joints of his thumbs. We undertook
>a gym programme and did very well but his pain
>persisted. Because of the gym programme we were
>taking joint complex in large doses and also
>dietary supplements such as protein powders.
>When the programme ended so did his consumption
>of protein powders but his pains became steadily
>worse and soon he had pain in not only his
>thumbs but also his knees and hips. He continued
>the joint complex and more recently needed to
>take voltaren to sleep and also use heat to
>soothe his joints. Throughout this whole period
>he had used artificial sweetners instead of
>sugar in order to manage his weight. He is not
>overweight but heavier than he used to be and
>has a slightly raised cholesterol due to
>familial influences. His diet consisted of foods
>to reduce cholesterol and sweetners. He had
>Equal in his coffee on occasion and every day

>had Splenda on his porridge and a diet yoghurt.
>
>Following your talk, I cleared the house of all
>artificial sweetners and within a week his joint
>pain was significantly reduced and was back to a
>small amount of thumb pain. He had changed
>absolutely nothing else in his diet or lifestyle
>and so that draws us to conclude that the
>Splenda and yoghurt were the cause of his pains.
>He now has the occasional twinge in his thumbs
>but is otherwise pain free. My husband and I are
>both in the health care profession and are
>sometimes rather cynical but in this case there remains no other explanation.
>
>
>
>We now are an artificial sweetner free house and
>one of the most worrying sources I was
>enthusiastically giving my children was in their daily multivitamin!!
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Case made public: Yes
>
>Name of victim used: Yes
>
>Agreed to be contacted if necessary: Yes
>
>
>
>Case J
>
>Name: Don Wils

000154

>
>Email: <mailto:donwills@vodafone.net.nz>donwills@vodafone.net.nz
>
>Hello Betty,
>
>My name is Don Wills. I am 48 and live in Canterbury in New Zealand. I
>have for many years (about 10 or so) had Cardiac problems, they have
>been diagnosed as ARVD (Arythmogenic Right
>Ventricular Dysplasia),however this has never
>been able to be confirmed despite numerous
>investigative procedures. In addition I have been suffering from
>joint pain and deteriorating eyesight. Recently I was involved in yet
>another procedure to investigate my heart. The result was once again
>inconclusive. I was on a very high dosage of Beta Blockers. My last
>visit to the Cardiologist recommended reducing them to a minimum
>dosage.
>
>Following the reporting of Abby Cormack's case and your visit to New
>Zealand. I had reached the point where I was increasingly frustrated
>in my diagnosis. I was angry and frustrated and so after some
>investigation I stopped ingesting Aspartame in any form. That was five
>weeks ago. I also stopped taking my Beta Blockers at the same time. I
>have now not had any heart palpitations in the last three weeks, I was
>having five or six each day (heart rate varying between 30 and 160 BPM
>at rest). In addition, my eyesight has sharpened, my joint pain has
>decreased and I am sleeping better.
>
>I was consuming about 1 litre of Diet Soda a day and in addition was
>having Equal in my coffee about six times per day.
>
>I am very happy with my progress and now read food labelling very
>carefully.
>
>Kind regards
>
>Don Wills
>
>P.S. My wife is also very happy with my improvement, to the point
>where she is much more conscious of food labelling for both her and
>
>Case made public: Yes
>
>Name of victim used: No
>
>Agreed to be contacted if necessary: No
>
>
>
>Case K
>
>Abby I suffered from aspartame a lot I used to
>drink a 2 liter of the stuff a day and had
>floaters in my eyes, I also have epilesy and it
>is very hard to control and I was having
>seizures all the times almost daliy, because of
>the diet crap and as soon as I got off of the
>stuff my seizures have really went down big time
>and I don't have them but once a month if that
>much, the floaters in my eyes have all but
>disappeared since I have been off of aspartame,
>and my seizures have gone down big time.   My
>energy level has increased a great deal as well
>since I have been off of aspartame and many
>people who thought I was crazy before now are
>wondering about me. Here I am older than others
>than they know, but I have more energy than the
>others as well and it doesn't make sense to them

000155

>at all. I'm just this nut that doen't like
>aspartame or splenda in their opinions.   So
>right now I have been off of aspartame
>and splenda for now. I have been using stevia
>for my sweetner thats the best that I can find.
>
>
>
>Abby, I have told my neurologist already about
>the aspartame and brought her the results of my
>seizures that are taking place now, and she is
>happy to see that they aren't as bad I"m
>remembering things a lot faster I told her and
>have lots more energy as well for a 53 Year
>old. She told me she believed about Donald
>Rumsfeld and the aspartame and was very curious
>to see the FDA report that was the Bressler file
>that they had denied aspartame first before they
>approved it, I brought it to her.   AS far as
>medical documentation I wasn't keeping track per
>se of my seizures but I have written down the
>changes since the aspartame and what not and
>everytime I have anything with aspartame in it I
>document it and I have a promblem with it. But
>my husband sure saw the changes in me for sure
>and my children. The eye doctor who I had told
>that him my floaters disappeared, had no reason
>for them to disappear tho. So it sounds like
>there might be a few things I have that show I
>have something against these people.
>
>
>
>I was drinking a two liters of diet coke a day
>and I was also then drinking crystal lite as
>well, I would eat the diet food and sugar free
>foods all the time, three times a day, I
>finally lost weight when I just drank two liters
>of coke a day but only had 5 oranges for lunch
>for a bean burrito for dinner with diet coke of
>course. I was always depressed my husband had
>lost his job and I needed to keep going for the
>family. But 75 pounds down, I needed to lose
>the weight I was 215 at one time, so I finally
>felt good about myself. But one night two years
>ago after my husband told me he had a headache
>after drinking crytal lite I got one also, I
>then realized that I had a seizure as well
>and I told my husband there must be something
>to it so I started to look into it and thats
>when I found out about the
><http://www.wnho.net/>www.wnho.net and the
>information there so I have been reading
>everything on
><http://www.dorway.com/>www.dorway.com as well
>and really trying to stay up on it now because I
>am so much bettter and got so much more energy
>as well so there is so much out there to be
>careful of now days besides aspartame, splenda,
>MSG, and artificial flavorings.   WE just keep
>making the list longer and longer as the days go by.
>
>
>
>
>
>

000156

>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>Case made public: Yes
>
>Name of victim used: Yes
>
>Agreed to be contacted if necessary: Yes
>
>
>
>Case L
>
>Name: Janice Clarke
>
>Email: <mailto:jcla011@ec.auckland.ac.nz>jcla011@ec.auckland.ac.nz
>
>
>
>Hi Abby,
>
>Saw you speak last night and hearing Betty
>confirm what went wrong confirms what's gone bad for my mother.
>
>She's been a type 2 diabetic for the past 20 or
>so, yrs and for the past 10 yrs has been using
>insulin injections. She of course has been
>using artificial sweeteners containing (no doubt), aspartame.
>

000157

>Over recent years her mental acuity has
>decreased to the extent where she was depressed
>and prescribed medication. She calls these her,
>"Looney pills" because they made her crazy and
>she now refuses further anti depressants.
>
>Her eyesight has deteriorated and having
>exhausted the previous laser treatments, at
>Christmas had cataract surgery in one eye but is
>still struggling to see and read.
>
>Her cognitive state is similar to what you described;
>
>depression, anxiety, panic attacks, suspicion
>and paranoiac ideations, headaches, dizziness,
>confusion and mood changes, visual decrease and
>eye irritations, memory loss, fatigue, sleep
>irregularity, numbness, tingling, urinary
>problems, cardio vascular and respiratory
>difficulties, wheezing, shortness of breath, cough, appetite loss and more.
>
>All of which were attributed to her diabetes and
>depression. Her psychological condition
>worsened about a year ago, in that she's no
>longer confident to live alone due to the
>confusion, depression and feelings of loss of
>control. As a consequence, my brother has now
>moved from Auckland to live with her. She does
>not trust being on her own again and can no
>longer cope with too many people, or travelling
>far, or staying away from home for too long, all
>of which overwhelms her and makes her too disoriented.
>
>The hardest thing is that she is only 67 yet
>I've known diabetics in their 70's and 80's more
>alert and cognitively functioning and not confused as she is.
>
>My mother lives at Mangonui in the Far North so
>when I called her today to discuss the
>aspartame, she asked if I could send her the
>information you presented your doctor. She will
>be seeing her doctor at Coopers Beach, on
>Tuesday but couldn't write down what I told her, even with her glasses.
>
>Her fax is broken and they don't have computer
>or email so if you could share the information
>which convinced your doctor what was wrong with
>you, then perhaps her doctor will also be
>persuaded, if I can courier the appropriate
>information up to her in time for Tuesday's appointment.
>
>I only ask your input because there is so much
>to wade through and I don't have much time.
>
>I am also in poor health, (I suffer from
>Rheumatoid Arthritis, which was triggered by
>vaccination with Hep B) and want the info for
>mum because doctors are pressuring her to have
>more anti depressants and they still can't
>control her diabetes insulin levels.
>
>Can you help?
>
>
>J
>
>PS: Can you also send that PPT presentation you

000158

>gave last night so I can show it to my relatives
>(one had cancer and she's been on aspartame for years!)
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>No contact details available
>
>Case M
>
>Name: Milla Kirk
>
>(Case in
><http://www.tewahanui.info/pdfs/18/twn18pg05.pdf>
http://www.tewahanui.info/pdfs/18/twn18pg05.pdf)
>
>
>'Anxious Adult blames fizz on Diet Coke'
>
> "Chronic butterflies in the stomach" is how
> Milla Kirk describes her experience with
> aspartame poisoning. She believes her daily
> cocktail of diet coke and sugar-free sweeteners
> were responsible for unexplained anxiety problems she
>
>had late last year. "I just started to get
>incredibly anxious," says Kirk, 22. But Coca
>Cola strenuously deny any connection between
>their sugar-free products and anxiety attacks.
>Kirk says: "There was nothing else happening in my life that
>
>could explain it and the more Diet Coke I was
>drinking the worse my anxiety became, although
>at the time I was completely oblivious to this.
>Who could think a soft drink could poison you?"
>Kirk started drinking up to 2lt of Diet Coke a
>day and numerous cups of coffee with artificial
>sweetener while working as a personal assistant.
>"I was trying to lose weight so filled myself up on these drinks
>
>in between meals to pang off the hunger pains." After numerous trips to the
>
>doctor, she was no closer to learning the cause
>behind her anxiety. It was a television
>interview with American anti-aspartame advocate
>Betty Martini that alerted her to the idea of
>aspartame poisoning. "It was so interesting," she
>
>says. "Something inside me just clicked, I
>thought that sounds exactly like my problem."

000159

>According to Soil & Health spokesperson Steffan
>Browning, a growing body of research indicates
>Kirk is not alone. "Aspartame consumption has
>been linked to many health symptoms," he says.
>"These include anxiety, depression,
>irritability, confusion, memory loss, insomnia,
>dizziness, migraines, cramps, abdominal pain,
>numbness and personality changes." Betty Martini
>has been in New Zealand this month promoting her
>anti-aspartame campaign with Wellington
>aspartame sufferer Abby McCormack. Browning says
>their public talks have been successful in
>educating others on this issue. "According to American
>
>studies, a short spell without aspartame may
>assist with a marked improvement in quality of
>life," he says. Kirk says after cutting all
>sugar free products from her diet she
>immediately felt better. "I felt like me again.
>It was so strange the anxiety just lifted." Coca
>Cola Amatil, the makers of Diet Coke, deny there is any
>
>link between the artificial sweeter and any
>health issues, says corporate affairs manager
>Aimee Driscoll. Dr Andrew McKenzie, New Zealand
>Food Safety Authority (NZSFA) acting chief
>executive, supports Coca Cola Amatil's
>statement. He says Kirk's claims are anecdotal
>and are not backed with scientific
>
>evidence."The claims being made and widely
>reported in the media are doing a great public
>disservice," he says. "Aspartame is one of the
>most studied substances in the world and
>continues to retain one of the highest
>acceptable daily intake levels of any additive."
>Dr John Reeve, NZFSA toxicologist, says
>aspartame is not toxic even when taken in very
>high doses. "An adult would have to consume 14
>cans of a sugar-free drink every day before
>reaching the acceptable daily intake of
>aspartame," he says. "They would need to do that
>
>everyday of their lives before possibly showing
>any ill effects". Dr Reeve says that
>anti-aspartame campaigners are doing a disservice to those who suffer
>
>from serious health conditions who rely on these
>products. "For those dealing with far more
>serious health issues, such as diabetes and obesity, using
>
>junk science to cast doubt on a proven, safe
>alternative to sugar is very disappointing," he
>says. Kirk says she believes more research needs
>to be done in New Zealand." I know my body and
>for such a dramatic change to occur after
>stopping drinking diet coke it has to be the
>culprit." I am living proof that it is no
>
>good for you," she says. Soil & Health say more
>awareness about the sweetener needs to be given to the public.
>
>
>
>
>
>

000160

>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>
>ATTACHMENT 3
>
>
>

000161

>
>
><http://www.tv3.co.nz/VideoBrowseAll/VideoAll/tabid/303/articleID/30896/Default.aspx?articleID=30896>
http://www.tv3.co.nz/VideoBrowseAll/VideoAll/tabid/303/articleID/30896/Default.aspx?articleID=30896
>
>WHAT EXPERTS SAY ABOUT ASPARTAME
>
>and ABBY CORMACK
>
>"Tragically, Abby's experience with aspartame is
>far from unique. In1985 I first encountered a
>clinical situation in which aspartame clearly
>triggered a manic episode in one of my patients.
>initially made an incorrect diagnosis of bipolar
>disorder and actually started a treatment
>regimen of lithium carbonate. The overall
>picture however was not totally consistent with
>bipolar illness, especially as a grand mal
>seizure accompanied the "manic"episode. Some
>detective work as to what was different in my
>patient's life resulted in the conclusion that
>the only significant change was the sudden
>introduction of a large amount of Crystal Lite
>(aspartame) into her diet. The total
>elimination of all aspartame >resulted in fairly
>rapid resolution of her symptoms. The lithium
>was discontinued and she has remained symptom,
>and aspartame, free. I believe it is essential
>for all physicians to include a dietary history
>when assessing patients. Whenever aspartame is
>found to be included in the diet, I would
>encourage all health care professionals to
>educate their patients about the hazards and
>encourage complete abstinence from this
>artificial sweetener. In my own practice, I have
>found that many patients improve substantially
>with just this simple change. In particular,
>patients with underlying mood disorders appear
>to be particularly sensitive to the adverse
>consequences of this extremely hazardous substance."
>
>Dr RG Walton MD, Medical Director, Safe Harbor
>Behavioral Health, Professor of Clinical
>Psychiatry, Northeastern Ohio Universities
>College of Medicine, Adjunct Professor Of
>Psychiatry, Lake Erie College of Osteopathic Medicine.
>
>
>
>"Aspartame/NutraSweet cripples the lives of
>thousands of people. When I tried to persuade
>the president of the Searle Drug company,
>manufactures of that chemical sweetener, to do
>the tests that would find any dangers it posed
>before it was marketed he blew me off. His name
>was Donald Rumsfeld (Iraq war architect). In
>exchanges about aspartame safety with him and
>his company I learned how little he values human life."
>
>Attorney James Turner, Atty, who with Dr. John
>Olney tried to prevent approval of aspartame.
>
>
>
> "I have reviewed the recent experience of Abby

000162

> Cormack while chewing four (4) packs of
> aspartame gum daily, based on her
> "medical timeline 2007" -- coupled with the
> details of her testing and doctoring by
> interested and competent professionals, and the
> dramatic improvement of her psychological and
> most other symptoms following the avoidance of aspartame products.
>
>Her problem appears to be largely due to
>aspartame disease, as I have detailed in many
>publications. I have reported severe
>depression, anxiety, insomnia, cramps, speech
>disturbance, confusion, blurred vision,
>eruptions, and neuropathic symptoms in numerous
>aspartame reactors consuming both gum and other
>products containing this chemical. Fortunately,
>her mother suspected the cause which had escaped
>the attention of several doctors. I have admired
>the great emphasis by persons in New Zealand and
>its government on avoiding exposure to a variety
>of toxic substances. The serious documented
>affliction of this young woman due to consuming
>aspartame is probably replicated by many other
>consumers in the country, and warrants the
>profound attention of its regulatory agencies."
>
>Dr. H. J. Roberts, M.D., FACP, FCCP Named The
>Best Doctor in the USA by a national
>publication, author of 1,000 page medical text -
>Aspartame Disease: An Ignored Epidemic:
>
>
>
>"Curiosity about the safety of Aspartame need go
>no further than the indisputable fact that each
>molecule of the sweetener turns into a molecule
>of Formaldehyde when metabolized in the human body. Enough said!"
>
>Dr. Woodrow Monte Ph.D. ,University of Arizona,
>professor of Food Science, early investigator of
>aspartame, now residing in New Zealand.
>
>
>
>
>
>
>
>Aspartame and Cancer
>
>DR. MORANDO SOFFRITTI, lead researcher on two
>groundbreaking long-term aspartame studies. He
>was recently honored at New Yorks Mt Sinai
>School of Medicine with the Irving J Selikoff
>Award for his outstanding contributions to the
>identification of environmental and industrial
>carcinogens and his promotion of independent
>scientific research Reviewing his two impeccable
>aspartame studies Dr. Soffritti explains: The
>first ERF study (2005) was conducted on 1800
>Sprague-Dawley rats (100-150/per sex/per group)
>In order to simulate daily human intake,
>aspartame was added to the standard rat diet in
>quantities of 5000, 2500, 100, 500, 20, 4, and 0
>mg/Kg of body weight. Treatment of the animals
>began at 8 weeks of age and continued until
>spontaneous death. The results show that APM

CC0163

>causes a statistically significant, dose-related
>increase of lymphomas/leukemias and malignant
>tumors of the renal pelvis in females and
>malignant tumors of peripheral nerves in males.
>These results demonstrate for the first time
>that APM is a carcinogenic agent, capable of
>inducing malignancies at various dose levels,
>including those lower than the current
>acceptable daily intake (ADI) for humans (50
>mg/kg of body weight in the US, 40 mg/kg of body weight in the EU).
>
>The second ERF study (2007) was conducted on 400
>Sprague-Dawley rats (70-95/per sex/per group).
>In order to simulate daily human intake,
>aspartame was added to the standard rat diet in
>quantities of 100, 20, and 0 mg/Kg of body
>weight. Treatment of the animals began on the
>12th day of fetal life until natural death. The
>results of the second study show an increased
>incidence of lymphomas/leukemias in female rats
>with respect to the first study. Moreover, the
>study shows that when lifespan exposure to APM
>begins during fetal life, the age at which
>lymphomas/leukemias develop in females is
>anticipated. For the first time, a statistically
>significant increase in mammary cancers in
>females was also observed in the second study.
>The results of this transplacental
>carcinogenicity bioassay not only confirm, but
>also reinforce the first experimental
>demonstration of APMs multipotential carcinogenicity.
>Russell Blaylock, M.D. Neurosurgeon: Author:
>Excitotoxins: The Taste That Kills.
><http://www.russellblaylockmd.com/>www.russellblaylockmd.com
>Lecture: The Truth About Aspartame <http://www.atavistik.com/>www.atavistik.com
>
>Ramazzini Case Studies
>
>Commenting on the Ramazzini studies, above, Dr
>Blaylock states: "My review of the first
>Ramazzini Study concluded that the study was one
>of the best designed, comprehensive and
>conclusive studies done to date on the
>multipotential carcinogenic danger of aspartame.
>This second study is even more conclusive, in
>that it shows a dose-dependent statistically
>significant increase in lymphomas/leukemia in
>both male and female rats exposed to aspartame.
>These two cancers are the fastest growing
>cancers in people under age 30. Also, of major
>concern is their finding of statistically
>significant increases in breast cancer in
>animals exposed to aspartame. With newer
>studies clearly indicating that toxic exposures
>during fetal development can dramatically
>increase the cancer risk of the offspring, this
>study takes on a very important meaning to all
>pregnant women consuming aspartame products.
>Likewise, small children are at considerable
>risk of the later development of these highly
>fatal cancers. It should be appreciated that
>the doses used in these study fall within the
>range of doses seen in everyday users of
>aspartame. This study, along with the first
>study, should convince any reasonable scientific
>mind, as well as the public, that this product
>should be removed from the market.

000164

>
>
>
>
>
>
>
>
>
>
>On Feb 12, 2008 6:06 PM, Dr. Betty
>Martini,D.Hum. <<mailto:bettym19@mindspring.com>bettym19@mindspring.com> wrote:
>Look below it gives all three emails:
>
><mailto:hlttestimony@capitol.hawaii.gov>hlttestimony@capitol.hawaii.gov
>- send your testimony to this email
>addressed to Rep Green, Rep Mizuno and committee members
>
>A blind copy goes to
><mailto:lehner@capitol.hawaii.gov>lehner@capitol.hawaii.gov,
><mailto:repcarroll@capitol.hawaii.gov>repcarroll@capitol.hawaii.gov
>
>Also, I faxed and emailed your story, and sent the rest to Stephen
>who just called and told him to do what I couldn't. He said he would
>try to get your story in the press in Hawaii. We'll make you famous
>in Hawaii too.
>
>He'll do something. I've still got more to do and Jeff Rense said he
>would put it up. I tried to make it simple, and even
>short. Stephen's trying to get a delay until Friday. I'm worn out
>from working around the clock. I may have been able to do more
>there. Who knows though.
>
>Love,
>Betty
>
>
>
>At 11:39 PM 2/11/2008, Abby Cormack wrote:
> >Yes u r confusing Anni she doesn't know who to send her testimony to.
> >
> >
> >
> >On Feb 12, 2008 5:31 PM, Dr. Betty Martini,D.Hum.
> ><<mailto:bettym19@mindspring.com><mailto:bettym
> 19@mindspring.com>bettym19@mindspring.com> wrote:
> >Not yet, every one in the capital I think gave us different emails,
> >so I had to do this below. And I'm resending a lot of the medical
> >doctors. Haven't heard from New Zealand at all. Mele's office told
> >me exactly what emails came in. I've sat at this computer so long
> >can't hardly move. Don went out and got me breakfast at about 8:00
> >P.M. Phone been ringing off the hook. I'll do it though. See update below.
> >
> >Love,
> >Betty
> >
> >
> >Date: Mon, 11 Feb 2008 22:10:48 -0500
> >To:
> <mailto:bettym19@mindspring.com><mailto:bettym19@mindspring.com>bettym19@mindspring.com
> >From: "Dr. Betty Martini,D.Hum."
> ><<mailto:bettym19@mindspring.com><mailto:bettym
> 19@mindspring.com>bettym19@mindspring.com>
> >Subject: Update Hawaii, HB 2680, Banning Aspartame: House Health
> >   Committee
> >
> >Many of you sent in letters to Rep Josh Green, M.D., and Rep John

> >Mizuno with copies to members of the committee and an email to
> ><mailto:hlttestimony@capitol.hawaii.gov><mailto
> :hlttestimony@capitol.hawaii.gov>hlttestimony@capitol.hawaii.gov
> >. This last email for testimonies
> >was just recently given. As it turns out while your letters should
> >be addressed to Rep Josh Green, Vice Chairman Rep John Mizuno and
> >members of the house committee on health we've been told the only
> >email to use is
> ><mailto:hlttestimony@capitol.hawaii.gov><mailto
> :hlttestimony@capitol.hawaii.gov>hlttestimony@capitol.hawaii.gov
> >Also, we do need a
> >blind copy to Rep. Mele Carroll's office who introduced the bill.
> >
> >So if your email went to the testimony email at the top of the blind
> >list do nothing, they got it. If you sent a copy to me we've taken
> >care of it. If you have not written yet these are the three emails:
> >
> >Address your email to
> ><mailto:hlttestimony@capitol.hawaii.gov><mailto
> :hlttestimony@capitol.hawaii.gov>hlttestimony@capitol.hawaii.gov
> >Blind copy
> ><mailto:lehner@capitol.hawaii.gov><mailto:lehne
> r@capitol.hawaii.gov>lehner@capitol.hawaii.gov, and
> ><mailto:repcarroll@capitol.hawaii.gov><mailto:r
> epcarroll@capitol.hawaii.gov>repcarroll@capitol.hawaii.gov
> >
> >You can also fax at 808 586 6051.
> >
> >Remember we only have to Wednesday AM when they will look at the
> >testimonies and vote. We will have a decision by Friday.
> >
> >We need 400 letters from physicians and thousands from victims and
> >activists. Remember "Teamwork is the fuel that allows common people
> >to accomplish uncommon goals." Every single letter counts, and if
> >you want aspartame off the market this is the beginning of the
> >end. It has to be overwhelming and we only have hours. Please do
> >your part. Also add this to your lists. We can only expect to win
> >if "everyone" participates.
> >
> >All my best,
> >Dr. Betty Martini, D.Hum, Founder
> >Mission Possible International
> >9270 River Club Parkway
> >Duluth, Georgia 30097
> >770 242-2599
> ><<http://www.mpwhi.com/>http://www.mpwhi.com/>w
> ww.mpwhi.com, <http://www.dorway.com/>www.dorway.com and
> ><<http://www.wnho.net/>http://www.wnho.net/>www.wnho.net
> >Aspartame Toxicity Center,
> ><<http://www.holisticmed.com/aspartame>http://w
> ww.holisticmed.com/aspartame>www.holisticmed.com/aspartame
> >
> >
> >
> >
> >At 11:21 PM 2/11/2008, Abby Cormack wrote:
> > >Did u fax my stuff off?
> >
>

CC0166

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Monday, February 11, 2008 9:33 PM
To: HLTtestimony
Subject: Testimony from Paul Scavone, Doctor of Pharmacy, HB2680, House Health Committee Meeting

February 12, 2008

My first experience with aspartame came a number of years ago, when someone gave me a mint containing NutraSweet. I immediately noticed a different taste and subsequently developed a headache; however, I made no connection between the two. When some time later, a second mint produced the same results, I assumed that "I" was sensitive to NutraSweet and have been careful to avoid any product that contained it. That is what you call a "lucky break." Many, who were not deterred by the taste and/or side effects, have become addicted to it. Many more have suffered illness and even death. Yes, death is one of the side effects admitted to by the FDA.

I have practiced pharmacy for 50 years during which time several products including thalidomide, MER 29 and Vioxx, have been marketed with FDA approval, which have resulted in disfigurement and death.

In the sheer numbers, nothing has ever come close to aspartame in causing harm to people.
I deal extensively with diabetics and I have seen close to miraculous improvements in insulin response once they stop using aspartame.
I have seen similar results in patients with Lupus, headaches and joint pain

My evaluation of aspartame is not only an indictment of the product but of the corrupt approval process and the criminal activity of G.D. Searle, Monsanto and the NutraSweet Company (manufacturers of aspartame).

There are over 98,000 web sites that mention aspartame with 10,000 personal accounts of disease and over sixty scientific reports of aspartame poisoning dangers.

It is my understanding that Hawaii is considering banning aspartame. That would not only be beneficial to the residents of Hawaii but would be a monumental first step to eliminating this very serious health threat universally. I encourage you to consider taking this first step.

Sincerely,

Paul Scavone, Doctor of Pharmacy
Cedarstone Ledge
Clarence, NY 10431
716-631-3344

Banning Aspartame - Hawaii.docx

000167

From: Rich Murray [rmforall@comcast.net]
Sent: Monday, February 11, 2008 10:02 PM
To: HLTtestimony
Subject: folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11 % of aspartame], BM Kapur, PL Carlen, et al., U. of Toronto, 2007 Dec., Alcoholism Cl. Exp. Res.: Murray 2007.11.27

folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11 % of aspartame], BM Kapur, PL Carlen, DC Lehotay, AC Vandenbroucke, Y Adamchik, U. of Toronto, 2007 Dec., Alcoholism Cl. Exp. Res.: Murray 2007.11.27 [actually, a fairly complete review of recent developments...]
http://rmforall.blogspot.com/2007_11_01_archive.htm
Wednesday, November 27, 2007
http://groups.yahoo.com/group/aspartameNM/message/1495

The aspartame content of two liters diet soda, 5.6 12-oz cans, is 1,120 mg, releasing 11 % as 123 mg methanol.

Usually, there is not a concurrent larger amount of ethanol taken, which would prevent the production of formaldehyde.

So, the methanol from any aspartame is quickly turned into formaldehyde.

An expert review by a competent, unbiased team led by M. Bouchard, 2001, cites references, many from aspartame industry funded studies, states that about 30 - 40 % of the methanol remains in the body as unknown, durable reaction products.

http://www.faslink.org/Formic%20Acid%20Kapur.htm

Brief Summary:

Methanol in small amounts is present along with ethanol in beverage alcohol. [Murray: and about the same amounts from aspartame diet sodas]

The body's natural enzymes preferentially metabolize ethanol while methanol breaks down into highly neurotoxic Formic Acid.

Use of high levels of Folic Acid was found to inhibit brain damage caused by the methanol.

The use of Folic Acid during pregnancy has been recommended for several years to prevent neural tube defects.

However, this study indicates that even higher levels of Folic Acid can be very beneficial to the developing baby, particularly where alcohol exposure is a factor.

Folic Acid is mandated as an additive to all flour sold in Canada.

The debate has begun on its required addition to all beverage alcohol to help mitigate damage caused to both infants and adults.

Formic Acid in the Drinking patient and the expectant mother Dr. Bhushan M. Kapur Departments of Laboratory Medicine, St. Michael's Hospital , Toronto, Ontario, Canada

Abstract

000168

Methanol is produced endogenously in the pituitary glands of humans and is present as a congener in almost all alcoholic beverages.

Ethanol and methanol are both bio-transformed by alcohol dehydrogenase; however, ethanol

has greater affinity for the enzyme.

Since ethanol is preferentially metabolized by the enzyme, it is not surprising that trace amounts of methanol, most likely originating from both sources, have been reported in the blood of people who drink alcohol.

Toxicity resulting from methanol is very well documented in both humans and animals and is attributed to its toxic metabolite formic acid.

To understand ethanol toxicity and Fetal Alcohol Spectrum Disorders, it is important to consider methanol and its metabolite, formic acid, as potential contributors to the toxic effects of alcohol.

Accumulation of methanol suggests that alcohol-drinking population should have higher than baseline levels of formic acid.

Our preliminary studies do indeed show this.

Chronic low-level exposure to methanol has been suggested to impair human visual functions.

Formic acid is known to be toxic to the optic nerve.

Ophthalmological abnormalities are a common finding in children whose mothers used alcohol during pregnancy.

Formic acid, a low molecular weight substance, either crosses the placenta or may be formed in-situ from the water soluble methanol that crosses the placenta.

Embryo toxicity from formic acid has been reported in an animal model.

To assess neurotoxicity we applied low doses of formic acid to rat brain hippocampal slice cultures.

We observed neuronal death with a time and dose response.

Formic acid requires folic acid as a cofactor for its elimination.

Animal studies have shown that when folate levels are low, the elimination of formic acid is slower and formate levels are elevated.

When folic acid was added along with the formic acid to the brain slice cultures, neuronal death was prevented.

Therefore, folate deficient chronic drinkers may be at higher risk of organ damage.

Women who are folic acid deficient and consume alcohol may have higher levels of formic acid and should they become pregnant, their fetus may be at risk.

To our knowledge low level chronic exposure to formic acid and its relationship to folic acid in men or women who drink alcohol has never been studied.

Our hypothesis is that the continuous exposure to low levels of formic acid is toxic to the fetus and may be part of the etiology of Fetal Alcohol Spectrum Disorders.

http://www.blackwell-synergy.com/doi/abs/10.1111/j.1530-0277.2007.00541.x

Alcoholism: Clinical and Experimental Research Volume 31 Issue 12 Page 2114-2120, December 2007

Bhushan M. Kapur, b.kapur@utoronto.ca,
Arthur C. Vandenbroucke, PhD, FCACB
Yana Adamchik,
Denis C. Lehotay, dlehotay@health.gov.sk.ca, Peter L. Carlen carlen@uhnres.utoronto.ca,

000169

(2007) Formic Acid, a Novel Metabolite of Chronic Ethanol Abuse, Causes Neurotoxicity, Which Is Prevented by Folic Acid

Alcoholism: Clinical and Experimental Research 31 (12), 2114-2120.
doi:10.1111/j.1530-0277.2007.00541.x

From:
the Department of Clinical Pathology (BMK), Sunnybrook Health Science Centre, Division of Clinical Pharmacology and Toxicology, The Hospital for Sick Children, Toronto, Ontario, Canada;

St. Michael's Hospital (ACV), Toronto, Canada; Department of Laboratory Medicine and Pathobiology (BMK, ACV), Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada;

Departments of Medicine (Neurology) and Physiology (YA, PLC), Toronto Western Research Institute, University of Toronto, Toronto, Ontario, Canada;

and University of Saskatchewan (DLC), Saskatchewan, Canada.

Reprint requests: Dr. Bhushan M. Kapur, Department of Clinical Pathology, Sunnybrook Health Science Centre, 2075 Bayview Ave, Toronto, Ontario, M4N 3M5, Canada; Fax: 416-813-7562; E-Mail:
k.kapur@utoronto.ca,

Abstract

Background: Methanol is endogenously formed in the brain and is present as a congener in most alcoholic beverages.

Because ethanol is preferentially metabolized over methanol (MeOH) by alcohol dehydrogenase, it is not surprising that MeOH accumulates in the alcohol-abusing population.

This suggests that the alcohol-drinking population will have higher levels of MeOH's neurotoxic metabolite, formic acid (FA).

FA elimination is mediated by folic acid.

Neurotoxicity is a common result of chronic alcoholism.

This study shows for the first time that FA, found in chronic alcoholics, is neurotoxic and this toxicity can be mitigated by folic acid administration.

Objective:
To determine if FA levels are higher in the alcohol-drinking population and to assess its neurotoxicity in organotypic hippocampal rat brain slice cultures.

Methods:
Serum and CSF FA was measured in samples from both ethanol abusing and control patients, who presented to a hospital emergency department.

FA's neurotoxicity and its reversibility by folic acid were assessed using organotypic rat brain hippocampal slice cultures using clinically relevant concentrations.

Results:
Serum FA levels in the alcoholics
(mean ± SE: 0.416 ± 0.093 mmol/l, n = 23) were significantly higher than in controls (mean ± SE: 0.154 ± 0.009 mmol/l, n = 82) ($p < 0.0002$).

FA was not detected in the controls' CSF (n = 20), whereas it was >0.15 mmol/l in CSF of 3 of the 4 alcoholic cases.

Low doses of FA from 1 to 5 mmol/l added for 24, 48 or 72 hours to the rat brain slice cultures caused neuronal death as measured by propidium iodide staining.

When folic acid (1 micromol/l) was added with the FA, neuronal death was prevented.

Conclusions:
Formic acid may be a significant factor in the neurotoxicity of ethanol abuse.

This neurotoxicity can be mitigated by folic acid administration at a clinically relevant dose.

http://www.uhnresearch.ca/researchers/profile.php?lookup=801

Peter L Carlen, FRCPC, MD
Head, Division of Fundamental Neurobiology Toronto Western Research Institute (TWRI)

Senior Scientist, Division of Fundamental Neurobiology Toronto Western Research Institute (TWRI)

Keywords: stroke, gap junctions, synaptic transmission, mitochondria, calcium chelators, whole cell patch clamp recordings, fluorescence imaging, epilepsy, dementia, fetal alcohol syndrome, brain state classification

Research Interests:
Mechanisms of neural synchrony and entrainment (epilepsy), and neurodegenerative processes

* In collaboration with Drs. Bhushan Kapur, James Reynolds and James Brien, we are examining the role of formic acid in the causation of the brain damage in the fetal alcohol spectrum disorder and its rescue by folate.

Peter L Carlen
Mailing Address
Primary Office
Toronto Western Hospital, McLaughlin Pavilion, 12th Floor Rm. 413
399 Bathurst St., Toronto, Ontario Canada M5T 2S8 Email carlen@uhnres.utoronto.ca, Phone Numbers 416.603.5800 x5044

http://www.clinpharmtox.utoronto.ca/Page60.aspx

http://www.medicalnewstoday.com/articles/45698.php

Queen's-led Network Looks At FAS Aiming To Minimize Life-long Learning Problems Main Category: Pregnancy / Obstetrics News Article Date: 24 Jun 2006 - 12:00 PDT

For the first time researchers are testing to see whether fetal exposure to methanol, a contaminant found in many alcoholic beverages, plays an important role in causing the life-long learning and behavioural problems associated with Fetal Alcohol Spectrum Disorders (FASD).

By understanding fetal brain injury caused by exposure to methanol and related toxins, an emerging team of researchers is laying the groundwork for potential new therapeutic interventions to protect fetuses at risk for FASD.

"The main goal will always be prevention of FASD," says lead researcher James Reynolds, Queen's University professor of Toxicology and Pharmacology, "but we also have to develop strategies to minimize injury to the developing fetus and individualize earlier therapeutic interventions for children with pre-natal exposure to alcohol."

The interdisciplinary research team, which also includes James Brien and Doug Munoz from Queen's, Peter Carlen (University Health Network), Bhushan Kapur (Sunnybrook Hospital) and Brenda Stade (St. Michael's Hospital) from Toronto, received just under $1.5 million dollars in funding from the Canadian Institutes of Health Research.

The Queen's researchers have found that simple eye movement tasks can be used to assess brain function in children with FASD. Since this technology is portable, the researchers plan to travel across the country to bring the research program into affected communities. "It's estimated that the incidence of FASD is about one per cent in the general population," Dr. Reynolds says, "but there are regions and communities in this country where the population affected by FASD increases dramatically."

Using blood samples from at risk mother-baby pairs, the Toronto team members hope to identify biological markers that may predict brain injury in the child. At risk babies will be tracked for 24 months following birth so researchers can identify early signs of FASD and develop aggressive therapeutic interventions at earlier stages to minimize the effects on a child's development.

To understand the underlying mechanisms of this novel hypothesis of FASD, the Toronto team members are studying the effects of formic acid and folic acid on the biological functions and survival of neurons in isolated brain tissue. In parallel studies, the Kingston team will assess the efficacy of folic acid supplementation as a potential therapeutic intervention in preventing FASD.

For these researchers, an exciting opportunity has been created by linking this study with Queen's University's state-of-the-art Magnetic Resonance Imaging (MRI) facility. New experimental procedures being developed at Queen's will link eye movement tasks to MRI images of the brain, creating an objective and much more specific way to evaluate brain function. By isolating individual brain responses, FASD researchers hope to gain greater insight into the underlying brain injury caused by prenatal exposure to alcohol, leading to more specific intervention therapies designed to minimize the affects of FASD.

"Not all children exposed to alcohol during prenatal life develop FASD," adds Dr. Reynolds. "There are other contributing factors including genetic predisposition and nutrition during gestation that make important contributions to the ultimate outcome. We need a way to identify the different sub-groups within the FASD spectrum. This research will help us develop the standardized tools we need to evaluate and treat children with FASD."

Article adapted by Medical News Today from original press release.

Contacts:
Lorinda Peterson, 613-533-3234, lorinda.peterson@queensu.ca, Nancy Dorrance, 613-533-2869, dorrance@post.queensu.ca,

Contact: Lorinda Peterson

name: James N Reynolds
email: jnr@queensu.ca,
phone: 613 533 6946
campus_extension: 36946
department: Pharmacology and Toxicology
type: Faculty

name: James F Brien
email: brienj@queensu.ca,
phone: 613 533 6114
campus_extension: 36114
department: Pharmacology and Toxicology, School of Medicine, Psychiatry
type: Faculty

Dr. Douglas P. Munoz doug@eyeml.queensu.ca, Canada Research Chair in Neuroscience Director, Centre for Neuroscience Studies Professor of Physiology and Psychology Member, CIHR Group in Sensory-Motor Systems Queen's University, Kingston, Ontario, Canada K7L 3N6
Phone: (613) 533-2111 Fax: (613) 533-6840

Dr. Brenda Stade St. Michael's Hospital Fetal Alcohol Spectrum Disorder Diagnostic Clinic
61 Queen Street Toronto, Ontario M5B 1W8
Tel: (416) 867- 3655 stadeb@smh.toronto.on.ca,

http://www.faslink.org/toc2.htm

000172

mizuno1-Edgar

From: Steve Chaikin [shrimp@heartofhawaii.com]
Sent: Monday, February 11, 2008 10:19 PM
To: HLTtestimony
Subject: Support of bill 2680

Representative John Mizuno, Vice-Chair
Health Committee

Feb 6, 2008

Support of HB 2680 Relating to Banning Aspertame

I personally have had adverse reactions consuming diet soft drinks containing aspertame. As a private pilot I am extremely careful to avoid any ingestion of any substance containing aspertame especially prior or during any flight. My symptoms include lightheadedness, dizziness and disorientation.

I believe that this substance should not be consumed by anyone. I wholeheartedly support this ban.

Respectfully Submitted,

Steve Chaikin
Vice-Chair Molokai Planning Commission

From: Unizion [kim@unizion.co.uk]
Sent: Tuesday, February 12, 2008 12:54 AM
To: HLTtestimony
Subject: House Bill 2580, the room number #329, and 8: AM Friday.

House Bill 2580, the room number #329, and 8: AM Friday.

"Please copy as committee handout for this hearing."

To whom this may concern

I am writing to tell you of the dangers of aspartame in the human diet.
I have a personal story to tell and one of 2 friends who have suffered at it's hands.

My husband works in Air Traffic Control in Gatwick, West Sussex, England and as you can imagine he is in a fairly stressful job. He had been trying to lose some weight and decided to start drinking a low-calorie diet drink - he always drinks a vast amount of fluids so he was changing to over 2 litres a day of this poison. He been drinking it for a number of months and we didn't notice anything at first until one day he started getting rather high - hypertensive and elevated.

He came home one day and started saying things that didn't make sense, I wasn't at all sure what was going on at first as I had a personal tradegy to deal with at the time which didn't help. The next day he came to pick me up from a friends and he was late, he is never late and he was very florrid. By the evening he had got worse and was maniacally laughing, I called for medical help and he was eventually sectioned, he took 3 months off work trying to recover, he could hardly climb the stairs and he was PUTTING ON weight.

I found out about aspartame purely by accident by researching something else. I told him to come off it immediately and the results were miracalous! He could climb the stairs and he was a different man - this happened in the psace of a few days!!! He had no history of mental illness so we can only presume it was the aspartame - and he has stayed well ever since. PLEASE BAN THIS DEADLY NEURO-TOXIN.

My other friend kept getting admitted to the hospital with severe stomach pains and there seemed to be no real medical basis for it - this had been happening for 6 months - I checked what she was eating and noticed she had been consuming her favourite mints LOADED WITH ASPARTAME. She stopped eating them and has never been back to the hospital since.

A young teenage student of mine had mulitple symptoms, lose of feeling in her hands, disrupted periods, enormous weight gain - She came off diet drinks and lo and behold... she lost the weight and health is back to normal. For a teenager it was very scary to not know what is wrong with you when she was embarking on a acting and singing career.

Please SAVE THE PEOPLE OF THIS PLANET.

Thank-you

Mrs Kim Dixon

000174

mizuno1-Edgar

From: Ralph Walton [Ralph.Walton@shbh.org]
Sent: Tuesday, February 12, 2008 4:56 AM
To: HLTtestimony
Subject: House Bill 2680 Aspartame Ban

Dear Dr. Green:

I understand that as part of your deliberation regarding the possibility of banning aspartame use in Hawaii you wish to hear from professionals who have done research on this issue.

My first publication on adverse reactions to this artificial sweetener was a case report: Walton, R.G. Seizure and Mania after High Intake of Aspartame Psychosomatics March 1986 27(3) 218 -220. I concluded that my patient's clinical course could best be accounted for by her aspartame intake. One of the reviewers for this paper was Dr. Richard Wurtman, Chairman of the Department of

Cognitive Sciences at M.I.T. Dr. Wurtman contacted me and asked me

to keep track of other patients with seizures which I felt could be related to aspartame consumption. I did so and was eventually invited by Dr. Wurtman to present a paper at an M.I.T. conference - "Dietary Phenylalanine and Brain Function" held May 8 -10, 1987. That paper forms the basis of a chapter in a book edited by Dr.Wurtman:

Walton, R.G. Chapter 18 The Possible Role of Aspartame in Seizure Induction; WurtmanR.J., Ritter-Walker,E. Dietary Phenylalanine and Brain Function. Boston Birkhauser 1988. Although at that time I felt aspartame was a "possible" trigger my subsequent clinical experience over the past 20 years has, in my mind transformed that "possibility"

into a certainty.

In both of my original papers I suggested that appropriate double blind studies needed to be done. I undertook such a study, which was published in Biological Psychiatry in 1993: Walton, R.G.

Hudak,R.Grrene-Waite, R. Adverse Reactions to Aspartame:Double Blind Challenge in Patients from a Vulnerable Population. Biological Psychiatry, 1993;34:13-17. My hypothesis in this study was that since aspartame led to an increase in norepinephrine precursors, coupled with a simultaneous decrease in serotonin precursors, the potential alteration in central nervous system catecholamine/indoleamine balance would pose a special challenge for patients with a mood disorder. I was not prepared for the

000175

severity of adverse reactions, which led the I.R.B. to appropriately put an early end to the study. Despite the resultant small "n" the findings were still statistically significant, demonstrating that patients with affective disorder were particularly vulnerable to a wide range of adverse reactions.

One unexpected event was that 2 study participants experienced ophthalmologic emergencies - one, a 42 year old psychologist with no history of eye problems experienced a retinal detachment and required emergency surgery and a 40 year old nurse for the first time in her life had a conjunctival hemorrhage. For statistical purposes these events were recorded as occurring during the placebo arm, but there was concern that these problems may have been initiated during the aspartame arm, which they had both just completed. My own belief is that these problems were related to the methanol produced by their aspartame consumption, although this was of course not one of the conclusions of the study.

There will undoubtedly be a great deal of pressure from the aspartame industry, which will point to the hundreds of studies attesting to their product's safety. It is important to bear in mind, however, that virtually all of these studies were funded by the industry, whereas essentially all independently funded studies identify one or more problems. I pointed this out to Mike Wallace in 1996 when he was interviewing me for a 60 Minutes segment on aspartame. He challenged me on this so I prepared a chart documenting my claim. This chart was included in the 60 Minutes story and is still available on the internet.

In summary, Dr. Green, after studying and researching this question for over 20 years, it is my firm conviction that aspartame lowers seizure threshold, mimics or exacerbates a wide variety of neuropsychiatric disorders, contributes to the incidence of certain cancers, and because of it's impact on the hypothalamic "appestat"

plays a significant role in the world -wide epidemic of obesity and type 2 diabetes. It should definitely be banned.

Thank you for your attention to this most urgent public health issue.

Yours sincerely,

Ralph G. Walton, M.D.

Medical Director, Safe Harbor Behavioral Health Adjunct Professor of Psychiatry, Lake Erie College of Osteopathic Medicine Former Professor and Chairman, Department of Psychiatry, Northeastern Ohio Universities College of Medicine

----

Ralph G. Walton M.D.
Safe Harbor Behavioral Health
1330 West 26th Street
Erie, PA 16508
www.safeharborbh.org
814.459.9300

mizuno1-Edgar

From: Cindy Lento [clento.psa23@comcast.net]
Sent: Tuesday, February 12, 2008 5:44 AM
To: HLTtestimony
Subject: RE: Hawaii, HB 2680, Banning Aspartame: House Health Committee

To Whom it May Concern,

I understand that you need testimonies of the ill-affects of asparatame.
Here is mine. Many years ago, I drank several asparatame sweetened soft-drinks every day. I started to have times of foggy-headedness, nervous twitches and my periods stopped. I finally weaned myself off of the "addiction" and all of these symptoms slowly went away. I am personally convinced and convicted that asparatame is dangerous and hope that decisions in Hawaii will lead the way for other states to ban this substance from use in food and drink.

Thank you for your consideration.

Respectfully yours,

Cindy Lento

000178

mizuno1-Edgar

From: Ralph Walton [Ralph.Walton@shbh.org]
Sent: Tuesday, February 12, 2008 6:39 AM
To: HLTtestimony
Subject: HB 2680 Aspartame ban

Dear Dr. Green:

I understand that as part of your deliberation regarding the possibility of banning aspartame use in Hawaii you wish to hear from professionals who have done research on this issue.

My first publication on adverse reactions to this artificial sweetener was a case report: Walton, R.G. Seizure and Mania after High Intake of Aspartame Psychosomatics March 1986 27(3) 218 -220. I concluded that my patient's clinical course could best be accounted for by her aspartame intake. One of the reviewers for this paper was Dr. Richard Wurtman, Chairman of the Department of

Cognitive Sciences at M.I.T. Dr. Wurtman contacted me and asked me

to keep track of other patients with seizures which I felt could be related to aspartame consumption. I did so and was eventually invited by Dr. Wurtman to present a paper at an M.I.T. conference - "Dietary Phenylalanine and Brain Function" held May 8 -10, 1987. That paper forms the basis of a chapter in a book edited by Dr.Wurtman:

Walton, R.G. Chapter 18 The Possible Role of Aspartame in Seizure Induction; WurtmanR.J., Ritter -Walker,E. Dietary Phenylalanine and Brain Function. Boston Birkhauser 1988. Although at that time I felt aspartame was a "possible" trigger my subsequent clinical experience over the past 20 years has, in my mind transformed that "possibility"

into a certainty.

In both of my original papers I suggested that appropriate double blind studies needed to be done. I undertook such a study, which was published in Biological Psychiatry in 1993: Walton, R.G.

Hudak,R.Grrene -Waite, R. Adverse Reactions to Aspartame:Double Blind Challenge in Patients from a Vulnerable Population. Biological Psychiatry, 1993;34:13-17. My hypothesis in this study was that since aspartame led to an increase in norepinephrine precursors, coupled with a simultaneous decrease in serotonin precursors, the potential alteration in central nervous system catecholamine/indoleamine balance would pose a special challenge for patients with a mood disorder. I was not prepared for the

000179

severity of adverse reactions, which led the I.R.B. to appropriately put an early end to the study. Despite the resultant small "n" the findings were still statistically significant, demonstrating that patients with affective disorder were particularly vulnerable to a wide range of adverse reactions.

One unexpected event was that 2 study participants experienced ophthalmologic emergencies - one, a 42 year old psychologist with no history of eye problems experienced a retinal detachment and required emergency surgery and a 40 year old nurse for the first time in her life had a conjunctival hemorrhage. For statistical purposes these events were recorded as occurring during the placebo arm, but there was concern that these problems may have been initiated during the aspartame arm, which they had both just completed. My own belief is that these problems were related to the methanol produced by their aspartame consumption, although this was of course not one of the conclusions of the study.

There will undoubtedly be a great deal of pressure from the aspartame industry, which will point to the hundreds of studies attesting to their product's safety. It is important to bear in mind, however, that virtually all of these studies were funded by the industry, whereas essentially all independently funded studies identify one or more problems. I pointed this out to Mike Wallace in 1996 when he was interviewing me for a 60 Minutes segment on aspartame. He challenged me on this so I prepared a chart documenting my claim. This chart was included in the 60 Minutes story and is still available on the internet.

In summary, Dr. Green, after studying and researching this question for over 20 years, it is my firm conviction that aspartame lowers seizure threshold, mimics or exacerbates a wide variety of neuropsychiatric disorders, contributes to the incidence of certain cancers, and because of it's impact on the hypothalamic "appestat"

plays a significant role in the world -wide epidemic of obesity and type 2 diabetes. It should definitely be banned.

Thank you for your attention to this most urgent public health issue.

Yours sincerely,

Ralph G. Walton, M.D.

Medical Director, Safe Harbor Behavioral Health Adjunct Professor of Psychiatry, Lake Erie College of Osteopathic Medicine Former Professor and Chairman, Department of Psychiatry, Northeastern Ohio Universities College of Medicine

----

Ralph G. Walton M.D.
Safe Harbor Behavioral Health
1330 West 26th Street
Erie, PA 16508
www.safeharborbh.org
814.459.9300

mizuno1-Edgar

From: elenacrevar@aol.com
Sent: Tuesday, February 12, 2008 7:11 AM
To: HLTtestimony
Subject: HOUSE BILL #2680/ ROOM 329/

PLEASE XEROX THIS FOR THE COMMITTEE MEMBERS, FOR HANDOUTS AT THIS MEETING

Dear Dr. Green:
I am writing to you again with a hope of banning aspartame.

My son, Steven Crevar, is 22 years old and recently diagnosed with MS. He learned about his diagnosis over the phone by his neurologist. I knew nothing about MS, except that is an autoimmune decease. After reading the first medical article about MS with statements such as" the cause is not known" "north vs. south" "between 20-40 years old" and "increased cases of newly diagnosed since 19**." and research through the Internet, I knew the cause of my son's symptoms. He stopped consuming artificial sweeteners and preservatives. His physical and mental health greatly improved with no drugs and medical treatments.

It is amazing to think that numerous symptoms are being misdiagnosed everyday and in turn are being treated with a pharmaceutical drug. We are allowing children and young adults with high aspirations and dreams to become paralyzed. Doctors are increasing medications and symptoms are getting worse....And health will simply improve just by not using the artificial sweeteners and preservative.
Dear representatives, it is hard to be convinced, but it happened to us and we share our heartbreaking stories with hope that our Government will listen and help others.
The decision you will make is crucial and will affect the health of thousand innocent children and adults around the world.

Please give a Do **Pass** to **bill to ban aspartame.**

Thank you for your time.

Sincerely,

Elena Crevar

000182

mizuno1-Edgar

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 7:20 AM
To: HLTtestimony; HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: old tiger roars -- Woodrow C Monte, PhD -- aspartame causes many breast cancers, as ADH enzyme in breasts makes methanol from diet soda into carcinogenic formaldehyde: Murray 2008.02.11

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

old tiger roars -- Woodrow C Monte, PhD -- aspartame causes many breast cancers, as ADH enzyme in breasts makes methanol from diet soda into carcinogenic formaldehyde -- same in dark wines and liquors, Fitness Life
2008 Jan.: Murray 2008.02.11
http://rmforall.blogspot.com/2008_02_01_archive.htm
Monday, February 11, 2008
http://groups.yahoo.com/group/aspartameNM/message/1517

"Every molecule of Aspartame releases a molecule of methanol within minutes of being consumed. The first step in methanol metabolism is production of formaldehyde. After the liver, the next greatest concentration of Alcohol Dehydrogenase Enzyme (ADH) in the human body is located in the endothelial tissue of the human breast (190b). It is human ADH that converts methanol into formaldehyde, a powerful carcinogen.

The charts below shows the relationship between Aspartame consumption and the increase of breast cancer in the United States.

Similar increases in breast cancer (190) have occurred in other aspartame consuming countries of the world."

"The methanol, always produced when Aspartame is consumed (20, 51), will convert directly into formaldehyde -- there is no intermediate compound or alternate path (7, 30).

role of formaldehyde, made by body from methanol from foods and aspartame, in steep increases in fetal alcohol syndrome, autism, multiple sclerosis, lupus, teen suicide, breast cancer, Nutrition Prof. Woodrow C. Monte, retired, Arizona State U., two reviews, 190 references supplied, Fitness Life, New Zealand
2007 Nov, Dec: Murray 2007.12.26
http://rmforall.blogspot.com/2007_12_01_archive.htm
Wednesday, December 26 2007
http://groups.yahoo.com/group/aspartameNM/message/1498

Alcohol dehydrogenase ADH is required for the conversion of methanol to formaldehyde (112).

ADH is not a common enzyme in the human body -- not many cells in the human body contain this enzyme.

The human breast is one of the few organs in the body with a high concentration of ADH (190b), and it is found there exclusively in the mammary epithelial cells, the very cells known to transform into adenocarcinoma (190c) (breast cancer).

The most recent breast cancer scientific literature implicates ADH as perhaps having a pivotal role in the formation of breast cancer, indicating a greater incidence of the disease in those with higher levels of ADH activity in their breasts (190a). 000183

Aspartame consumption as a causative agent of Breast Cancer Woodrow C. Monte Ph.D. Professor of Food Science, Arizona State University (Retired) Page, Arizona woodymonte@canyoncountry.net; 202. Monte WC. Bittersweet: Aspartame Breast Cancer Link. http://www.thetruthaboutstuff.com/review3.shtml
[not online 2008.02.09 -- Rich Murray has corrected minor typos and added spacing to increase readability of this seminal research.]

I am a retired Professor of Food Science from Arizona State University. I have studied, researched and written about Aspartame since 1983, shortly after its manufacturer applied to the FDA to expand its use as an additive to soft drink beverages.
In 1984 I published a scientific paper warning of the potential harm that Aspartame might cause by increasing the methanol consumption of the unwary consumer (1).

I have within the last 3 months published 3 additional articles chronicling, in detail, the aftermath of 27 years of Aspartame poisoning of the general public (78, 194, 202).

These articles and all of the reference material that they draw on are freely available on my website:
http://www.thetruthaboutstuff.com/

Article 1 http://www.thetruthaboutstuff.com/review1.shtml
Article 2 http://www.thetruthaboutstuff.com/review2.shtml
Article 3 http://www.thetruthaboutstuff.com/review3.shtml
[the third not active as of 2008.02.11]

Every molecule of Aspartame releases a molecule of methanol within minutes of being consumed. The first step in methanol metabolism is production of formaldehyde. After the liver, the greatest concentration of Alcohol Dehydrogenase Enzyme (ADH) in the human body is located in the endothelial tissue of the human breast (190b). It is human ADH that converts methanol into formaldehyde, a powerful carcinogen.

The charts below shows the relationship between Aspartame consumption and the increase of breast cancer in the United States.

Similar increases in breast cancer (190) have occurred in other aspartame consuming countries of the world.

[Breast Cancer A
http://www.thetruthaboutstuff.com/charts/
Breast%20Cancer%20USA%20A.pdf

Breast Cancer B
http://www.thetruthaboutstuff.com/charts/
Breast%20Cancer%20USA%20B.pdf]

Formaldehyde is a powerful cancer causing agent, one of the handful of chemicals classed as a Group I carcinogen by the IARC, the International Agency for Research on Cancer, Lyon, France (11) -- because of this, there is no known safe level of formaldehyde exposure.

Formaldehyde from contaminated air, at very low concentrations (11), causes cancer in humans.

Gaseous environmental formaldehyde causes nasopharyngeal cancer -- however, it is not known, in the gaseous form, to cause breast cancer.

The probable reason for this is that formaldehyde has an extremely high reactivity (201) -- it reacts with and does its damage to the first human tissue with which it makes contact. Formaldehyde does not travel well in protein rich blood supply (122), and because of this it is blocked from reaching the breast and other internal organs.

The only way that formaldehyde can reach the mammary tissue, aside from purposely injecting formaldehyde solution (122) (as in embalming) is to disguise the formaldehyde as methanol.

000184

The methanol from Aspartame can reach a woman's breast, and will there be readily converted into formaldehyde by ADH (190b).

It is not possible to prevent Aspartame from producing the cancer causing compound formaldehyde in a woman's breast (78).
All of the methanol in diet soda must be transformed into formaldehyde before the body can metabolize it.

The scientifically acclaimed Ramazzini Institute recently found consumption of Aspartame over time caused Breast Cancer in Rats (50).

The methanol that is responsible for producing this formaldehyde is also found in our processed food supply -- the average modern woman not exposed to diet products consumes, conservatively, less than 8 milligrams of it a day (1).

One can of diet soda contains about 4 times this amount, one liter [almost 6 cans] 20 times the average.

Primitive and or impoverished women consume little methanol, and so are protected, to a very great extent, from breast cancer.

Conversely, increased consumption of Aspartame has caused breast cancer rates to increase dramatically (194).

[Methanol and formaldehyde sources include dark wines and liquors, tobacco and wood smoke, vehicle exhaust, medical facilities, dental materials, embalming, common cleaners and personal care products, new carpet, drapes, furniture, particleboard, new mobile homes and buildings, new cars, some foreign fish and foods, and leather.]

It can be shown that the incidence of breast cancer has increased dramatically in populations exposed to Aspartame (194).
The breast is an organ with no way to protect itself from formaldehyde and with no means to render it harmless.

The methanol, always produced when Aspartame is consumed (20, 51), will convert directly into formaldehyde -- there is no intermediate compound or alternate path (7, 30).

Alcohol dehydrogenase ADH is required for the conversion of methanol to formaldehyde (112).

ADH is not a common enzyme in the human body -- not many cells in the human body contain this enzyme.

The human breast is one of the few organs in the body with a high concentration of ADH (190b), and it is found there exclusively in the mammary epithelial cells, the very cells known to transform into adenocarcinoma (190c) (breast cancer).

The most recent breast cancer scientific literature implicates ADH as perhaps having a pivotal role in the formation of breast cancer, indicating a greater incidence of the disease in those with higher levels of ADH activity in their breasts (190a).

One article went so far as to implicate acetaldehyde as a potential culprit (190a).
Acetaldehyde is the molecule that ethanol is metabolized into by ADH, the first step in the manufacture of vinegar, a beneficial molecule with no link to carcinogenicity, whatsoever.

Recent scientific literature is a desert when it comes to methanol.
It is as if there were no such thing as methanol in the environment, or as if methanol did not exist -- as if all the laboratories doing work in methanol toxicity had vanished from the face of the earth 40 years ago and with them the science of methanol poisoning (39).

The truth is that methanol acts as a golden bullet, wasting none of its destructive power, but administering a carcinogen directly inside those breast cells most vulnerable to cancer.

000185

All of the hundreds of test that were done to prove Aspartame safe were done on animals insensitive to methanol poisoning (78).
This was well known to the company who invented Aspartame -- why else would they have

hired the world's methanol research laboratories to help them prove aspartame was safe (39)?
These animals have a specialized catalase enzyme in their livers that humans do not (55). Catalase keeps methanol out of their general circulation and therefore they are mostly immune to methanol as a poison.

Many thousands of people lost their lives in the early nineteen hundreds when methanol was allowed in foods and medications after it was proven falsely safe by trusting methanol safety testing done on an identical array of animals (17, 30).

Twenty six years ago, I traveled from my laboratory at Arizona State University to Washington DC to view the results of the testing done by the company who invented Aspartame and were seeking its approval for use in carbonated beverages.

I will never forget viewing the data from the only high dosage human consumption study done on diabetics. This study was never to be repeated. Before the test began the subjects were screened for all manner of illnesses and certified disease free (save from diabetes) as a prerequisite to being accepted into the study.

During that study, after 11 weeks of high dose aspartame consumption, two of the women developed epithelial cancer.
Both were removed from the study, one had a mastectomy, subsequent pathology tested conclusively for adenocarcinoma.

To my most profound horror, the executive summary of that study concluded that Aspartame was safe! The rational used to ignore the fact that none of the placebo group but fully 8% of the Aspartame consumption subjects developed epithelial cancer during the high dosage consumption study was that "no such cancers were seen in the numerous animal studies" (48).

The Bressler Report exposed that this was a lie (197).
These cancers should have never been ignored.

I can not say that methanol is the only cause of breast cancer, as there are so many other poisons in our modern environment.
I will say that it is intuitively obvious that there would be no good done producing one more cancer causing agent inside a sensitive breast cell already exposed to other cancer causing agents.

[Over 200 references are at the title URLs.]

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

000186

mizuno1-Edgar

From: Carol Guilford [carolguilford@sbcglobal.net]
Sent: Tuesday, February 12, 2008 7:23 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329

"My Aspartame Experiment."
http://www.myaspartameexperiment.com

Photos from a 2-year, 8 month private experiment using Sprague-Dawley rats fed daily 2/3 the amount of aspartame in one diet soda.

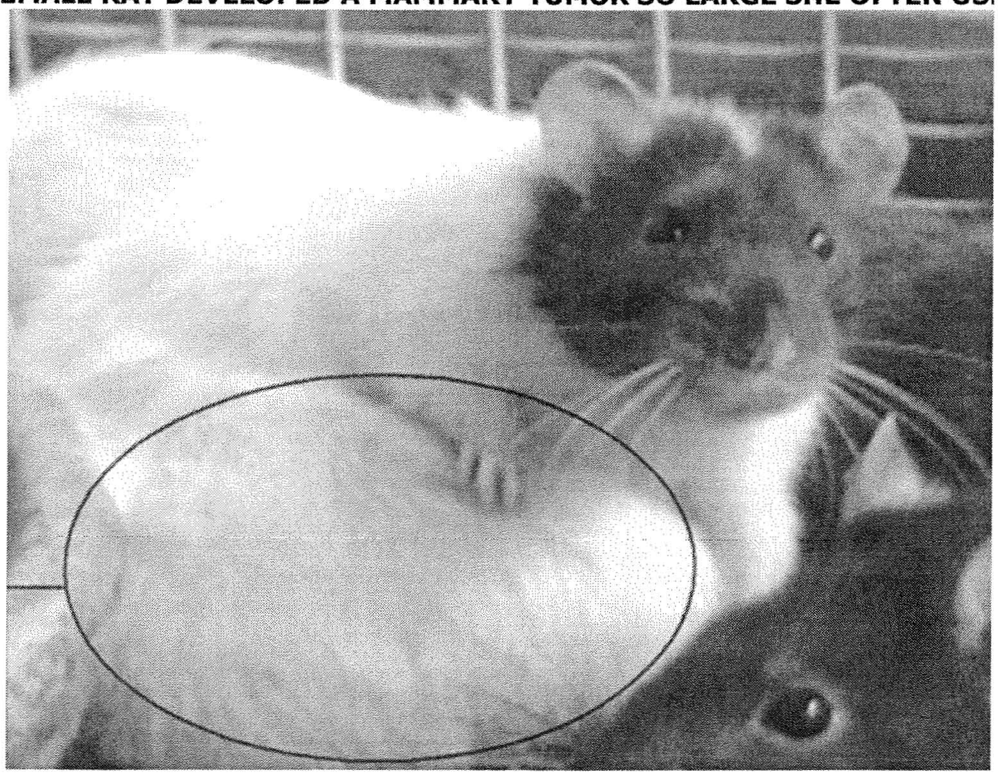
Good luck,
Carol Guilford
LA writer/researcher

000187

Home

MY ASPARTAME EXPERIMEN

A FEMALE RAT DEVELOPED A MAMMARY TUMOR SO LARGE SHE OFTEN USI



BY

VICTORIA INNESS-BROWN, M.A.

Introduction by author Carol Guilford

"In any such study of even a few hundred test animals, it takes no more than a dozen or so o lesion... to associate with the test agent, i.e., aspartame or its related chemicals."

Dr. Adrian Gross, FDA toxicologist in a letter to Senator Howard Metzenbaum,

When Victoria Inness-Brown contacted me about "explosive information" concerning aspartam controversial, artificial, chemical sweetener, I didn't know what to expect. Despite overwhelmi aspartame's danger to human health (tires have been recalled for less) it remains in 6,000 foo products.

Who could imagine a private citizen would do an aspartame experiment with 108 rats for 2 y

The late Dr. Adrian Gross explained that rodent experiments are the means to find out what a to human beings.

000188

Look at Victoria's pictures of her animals that ingested the equivalent amount of aspartame (i one diet coke a day, until their spontaneous death. Importantly, the control groups, those fed visible effects. (1)

The artificial sweetener, Aspartame, was approved by the FDA, in 1981. By the 1990's, the FD reported to them by 10,000 consumers, a list revealed to the public under the Freedom of Info

Personally, I have read thousands of cases from aspartame victims, many who post on Yahoo's Group list, but Victoria's photographs, the first ever to be released from any study, give meanin picture is worth a thousand words."

Following is Victoria's gutsy account of why she did her experiment, the protocol she used to cc pictures of the rats. Victoria says--

I WANTED VISUAL PROOF

I did my aspartame experiment because my family was addicted to diet soda. After researchin strongly believed the artificial sweetener might one day lead to their illness and even early deat

Most influential in my research on the aspartame molecule was *The Bressler Report.* (3) Dr. Jer FDA task force to attempt to validate the authenticity of a study done by G.D. Searle, the pharn the patent to the "sweetener."

Dr. Bressler's team did the Searle audit between April 25, 1977 and August 4, 1977 of study P *Tumorigenicity Study in the Rat.* The rat study was supposedly done by Searle to examine the crystalline form of aspartame's breakdown from phenylalanine, 50% of the chemical's composit diketopiperazine (DKP).

Bressler's force found irregularities in Searle's experiment-- missing raw data, errors and discre exclusions of animals, and animals that had masses removed and were then returned to the stu

It is clear Searle misrepresented the carcinogenicity of DKP and hid incriminating data from the

One unreported tissue mass in Searle's study measured 5.0 X 4.5 X 2.5 cm. Equival 1.0 in. —a significant sized tumor that should be visible to the naked eye, hard to mi

I was convinced I would *see* tumors and possibly other harmful effects to convince my family a aspartame.

Page 1 of 7 **Next** | Last»

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 7:29 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: brief aspartame research review: Rich Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

brief aspartame research review: Rich Murray 2008.02.12 http://rmforall.blogspot.com/2008_02_01_archive.htm
Sunday, February 10, 2008
http://groups.yahoo.com/group/aspartameNM/message/1516

---

http://groups.yahoo.com/group/aspartameNM/message/1513
metabolic syndrome is tied to diet soda, PL Lutsey, LM Steffen, J Stevens, Circulation 2008.01.22: role of formaldehyde and formic acid from methanol in wines, liquors, or aspartame?:
Murray 2008.02.07

"But the one-third who ate the most fried food increased their risk by 25 percent, compared with the one-third who ate the least, and surprisingly, the risk of developing metabolic syndrome was 34 percent higher among those who drank one can of diet soda a day compared with those who drank none.

"This is interesting," said Lyn M. Steffen, an associate professor of epidemiology at the University of Minnesota and a co-author of the paper, which was posted online in the journal Circulation on Jan. 22.
"Why is it happening? Is it some kind of chemical in the diet soda, or something about the behavior of diet soda drinkers?""

"The diet soda association was not hypothesized and deserves further study."

http://groups.yahoo.com/group/aspartameNM/message/1511
vinyl acetate, ethyl alcohol, or aspartame in womb increases later cancers in adults with lifetime exposure in many studies, M Soffritti et al, Ramazzini Foundation, Basic Clin. Pharm. Toxicol. 2008 Feb.:
Rich Murray 2008.02.07

http://groups.yahoo.com/group/aspartameNM/message/1495
folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11 % of aspartame], BM Kapur, PL Carlen, DC Lehotay, AC Vandenbroucke, Y Adamchik, U. of Toronto, 2007 Dec., Alcoholism Cl. Exp. Res.:
Murray 2007.11.27

http://groups.yahoo.com/group/aspartameNM/message/1490
details on 6 epidemiological studies since 2004 on diet soda (mainly aspartame) correlations, as well as 14 other mainstream studies on aspartame toxicity since summer 2005: Murray 2007.11.27

http://groups.yahoo.com/group/aspartameNM/message/1340
aspartame groups and books:
updated research review of 2004.07.16: Murray 2006.05.11 000190

http://groups.yahoo.com/group/aspartameNM/message/1453
Souring on fake sugar (aspartame), Jennifer Couzin, Science 2007.07.06: 4 page letter to

FDA from 12 eminent USA toxicologists re two Ramazzini Foundation cancer studies 2007.06.25: Murray 2007.07.18

http://groups.yahoo.com/group/aspartameNM/message/1426
ASDA (unit of Wal-Mart Stores WMT.N) and Marks & Spencer will join Tesco and also Sainsbury to ban and limit aspartame, MSG, artificial flavors dyes preservatives additives, trans fats, salt "nasties" to protect kids from ADHD: leading UK media: Murray 2007.05.15

http://groups.yahoo.com/group/aspartameNMmessage/1451
Artificial sweeteners (aspartame, sucralose) and coloring agents will be banned from use in newly-born and baby foods, the European Parliament decided: Latvia ban in schools 2006: Murray 2007.07.12

http://groups.yahoo.com/group/aspartameNM/message/1469
highly toxic formaldehyde, the cause of alcohol hangovers, is made by the body from 100 mg doses of methanol from dark wines and liquors, dimethyl dicarbonate, and aspartame: Murray 2007.08.31

http://groups.yahoo.com/group/aspartameNM/message/1455
FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the
1999 EPA alarm level for drinking water: Murray 2007.07.23

"Of course, everyone chooses, as a natural priority, to enjoy peace, joy, and love by helping to find, quickly share, and positively act upon evidence about healthy and safe food, drink, and environment."

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

correct way to send testimony and evidence to Hawaii House Health Committee re aspartame ban hearing 2 pm EST Wed. Feb. 13:
Murray 2008.02.12
http://rmforall.blogspot.com/2008_02_01_archive.htm
Tuesday, February 12, 2008
http://groups.yahoo.com/group/aspartameNM/message/1518

bias, omissions, incuriosity = opportunity, aspartame safety evaluation, Magnuson BA, Burdock GA, Williams GM, 7 more,
2007 Sept, Ajinomoto funded 98 pages html [$ 32 pdf]:
Murray 2007.09.15
http://rmforall.blogspot.com/2007_09_01_archive.htm
Saturday, September 15, 2007

000191

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 7:40 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: formaldehyde in FEMA trailers and other sources (aspartame, dark wines and liquors, tobacco smoke): Murray 2008.01.30

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

formaldehyde in FEMA trailers and other sources (aspartame, dark wines and liquors, tobacco smoke): Murray 2008.01.30 http://rmforall.blogspot.com/2008_01_01_archive.htm
Wednesday, January 30, 2008
http://groups.yahoo.com/group/aspartameNM/message/1508

The FEMA trailers give about the same amount of formaldehyde daily as from a quart of dark wine or liquor, or two quarts (6 12-oz cans) of aspartame diet soda, from their over 1 tenth gram methanol impurity (one part in 10,000), which the body quickly makes into formaldehyde -- enough to be the major cause of "morning after" alcohol hangovers.

Methanol and formaldehyde also result from many fruits and vegetables, tobacco and wood smoke, heater and vehicle exhaust, household chemicals and cleaners, cosmetics, and new cars, drapes, carpets, furniture, particleboard, mobile homes, buildings, leather... so all these sources add up and interact with many other toxic chemicals.

BN Ames and LS Gold, 1998, have presented detailed information that there is no increase in recent decades for most cancers, and that common carcinogens do not result in significant exposures to the average human population.

However, individuals are not average -- each person has a unique genetic makeup, resulting in a huge range of variation of vulnerability to specific chemicals, as is well evidenced in the case of methanol, formaldehyde, and formic acid, especially with regard to behavioral effects.

Each is subject to very wide ranges of exposure levels.

Many are in especially vulnerable groups, depending on diet, obesity, sex, exercise, life stress, age from conception to very old, unusually severe toxic exposures, injuries, and diseases.

It is clear that a variety of multiple chemical sensitivity syndromes do exist, often with remarkable hypersensitivity.

Methanol, formaldehyde, and formic acid toxicity are unusual, in that humans are far more vulnerable than any other mammal, as much as ten to sixty-fold, which complicates the utility of animal data.

The unusally long human life span also increases the role of long-term chronic low-level exposure.

FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water: Murray 2007.07.23
http://groups.yahoo.com/group/aspartameNM/message/1455

000192

" Paulison said FEMA received "just over 200 complaints of strange odors including formaldehyde" in trailers and that 58 trailers were replaced "because of formaldehyde concerns."

Occupants of five other trailers were moved to apartments, he said.

Several lawmakers said FEMA should have seen the 200 complaints as a sign of a much wider problem. "

1 ppm formaldehyde in air is half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water.

J. D. Trasher et al in 1990 found many symptoms in 19 mobile home residents, living with 0.05 to 0.5 ppm formaldehyde.

http://www.drthrasher.org/formaldehyde_1990.html full text Jack Dwayne Thrasher, Alan Broughton, Roberta Madison.
Immune activation and autoantibodies in humans with long-term inhalation exposure to formaldehyde.
Archives of Environmental Health. 1990; 45: 217-223.
"Immune activation, autoantibodies, and anti-HCHO-HSA antibodies are associated with long-term formaldehyde inhalation."
PMID: 2400243

" The patients in our study had symptoms and complaints related to several organs, as described previously, (4,5,9) which were similar to symptoms of workers with multiple chemical sensitivity,(11) cacosmia,(12) and other chemical exposures. (13-15)

We report on the differences in
humoral and cell-mediated immunity in humans with long-term inhalation exposure to HCHO vs. asymptomatic students (controls) who experienced short-term, periodic exposure to the chemical. "

" All patients in this study
had sought continuous medical attention
because of multiple organ symptoms
involving the central nervous system (CNS) (headaches, memory loss, difficulty completing tasks, dizziness),
upper- and lower-respiratory symptoms,
skeletal-muscle complaints,
and gastroenteritis.

Three common symptoms were expressed:
(1) and initial flu-like illness
from which they had not fully recovered;
(2) chronic fatigue,
and (3) an olfactory sensitivity to ambient conditions containing low concentrations of chemicals. (4,9,11) "

" (2.) Mobile home residents consisted
of 19 patients (6 males, 13 females, mean age 41 +-20 y) who currently lived in mobile homes.

The patients had lived in their environments for 2-7 y and reported multiple symptoms. (4,9)

Measured HCHO concentrations ranged from 0.05 to 0.5 ppm at the time blood samples were taken. "

FEMA found 1.2 ppm formaldehyde in April 2005 in one of over 120,000 mobile homes supplied for recent hurricane victims --
75 times more than the
0.016 level set for 8-hour working days
by the National Institute for Occupational Safety and Health for workers to be required to wear respirators.

http://www.arb.ca.gov/toxics/tac/appendxc.htm

1 ppm FA in air = 1.23 mg/cubic meter, so breathing 20 cubic meters would retain about 20 mg FA daily, ten times the 1999 EPA alarm level for drinking water.

Dark wines and liquors, as well as aspartame, provide similar levels of methanol, above 120 mg daily, for long-term heavy users, 2 L daily, about 6 cans.

Within hours, methanol is inevitably largely turned into formaldehyde, and thence largely into formic acid -- the major causes of the dreaded symptoms of "next morning" hangover.

Fully 11% of aspartame is methanol --
1,120 mg aspartame in 2 L diet soda,
almost six 12-oz cans, gives 123 mg methanol (wood alcohol).
If 30% of the methanol is turned into formaldehyde, the amount of formaldehyde, 37 mg, is 18.5 times the USA EPA alarm limit for daily formaldehyde in drinking water, 2.0 mg in 2 L average daily drinking water.

Medicine has to consider that the many sources of methanol and formaldehyde are additive co-factors.

http://groups.yahoo.com/group/aspartameNM/message/1286
methanol products (formaldehyde and formic acid) are main cause of alcohol hangover symptoms [same as from similar amounts of methanol, the 11% part of aspartame]:
YS Woo et al, 2005 Dec: Murray 2006.01.20

http://groups.yahoo.com/group/aspartameNM/message/1143
methanol (formaldehyde, formic acid) disposition:
Bouchard M et al, full plain text, 2001:
substantial sources are degradation of fruit pectins, liquors, aspartame, smoke: Murray 2005.04.02

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 7:40 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: formaldehyde in FEMA trailers and other sources (aspartame, dark wines and liquors, tobacco smoke): Murray 2008.01.30

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

formaldehyde in FEMA trailers and other sources (aspartame, dark wines and liquors, tobacco smoke): Murray 2008.01.30 http://rmforall.blogspot.com/2008_01_01_archive.htm
Wednesday, January 30, 2008
http://groups.yahoo.com/group/aspartameNM/message/1508

The FEMA trailers give about the same amount of formaldehyde daily as from a quart of dark wine or liquor, or two quarts (6 12-oz cans) of aspartame diet soda, from their over 1 tenth gram methanol impurity (one part in 10,000), which the body quickly makes into formaldehyde -- enough to be the major cause of "morning after" alcohol hangovers.

Methanol and formaldehyde also result from many fruits and vegetables, tobacco and wood smoke, heater and vehicle exhaust, household chemicals and cleaners, cosmetics, and new cars, drapes, carpets, furniture, particleboard, mobile homes, buildings, leather... so all these sources add up and interact with many other toxic chemicals.

BN Ames and LS Gold, 1998, have presented detailed information that there is no increase in recent decades for most cancers, and that common carcinogens do not result in significant exposures to the average human population.

However, individuals are not average -- each person has a unique genetic makeup, resulting in a huge range of variation of vulnerability to specific chemicals, as is well evidenced in the case of methanol, formaldehyde, and formic acid, especially with regard to behavioral effects.

Each is subject to very wide ranges of exposure levels.

Many are in especially vulnerable groups, depending on diet, obesity, sex, exercise, life stress, age from conception to very old, unusually severe toxic exposures, injuries, and diseases.

It is clear that a variety of multiple chemical sensitivity syndromes do exist, often with remarkable hypersensitivity.

Methanol, formaldehyde, and formic acid toxicity are unusual, in that humans are far more vulnerable than any other mammal, as much as ten to sixty-fold, which complicates the utility of animal data.

The unusally long human life span also increases the role of long-term chronic low-level exposure.

FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water: Murray 2007.07.23
http://groups.yahoo.com/group/aspartameNM/message/1455

" Paulison said FEMA received "just over 200 complaints of strange odors including

000195

formaldehyde" in trailers and that 58 trailers were replaced "because of formaldehyde concerns."

Occupants of five other trailers were moved to apartments, he said.

Several lawmakers said FEMA should have seen the 200 complaints as a sign of a much wider problem. "

1 ppm formaldehyde in air is half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water.

J. D. Trasher et al in 1990 found many symptoms in 19 mobile home residents, living with 0.05 to 0.5 ppm formaldehyde.

http://www.drthrasher.org/formaldehyde_1990.html full text Jack Dwayne Thrasher, Alan Broughton, Roberta Madison.
Immune activation and autoantibodies in humans with long-term inhalation exposure to formaldehyde.
Archives of Environmental Health. 1990; 45: 217-223.
"Immune activation, autoantibodies, and anti-HCHO-HSA antibodies are associated with long-term formaldehyde inhalation."
PMID: 2400243

" The patients in our study had symptoms and complaints related to several organs, as described previously, (4,5,9) which were similar to symptoms of workers with multiple chemical sensitivity,(11) cacosmia,(12) and other chemical exposures. (13-15)

We report on the differences in
humoral and cell-mediated immunity in humans with long-term inhalation exposure to HCHO vs. asymptomatic students (controls) who experienced short-term, periodic exposure to the chemical. "

" All patients in this study
had sought continuous medical attention
because of multiple organ symptoms
involving the central nervous system (CNS) (headaches, memory loss, difficulty completing tasks, dizziness),
upper- and lower-respiratory symptoms,
skeletal-muscle complaints,
and gastroenteritis.

Three common symptoms were expressed:
(1) and initial flu-like illness
from which they had not fully recovered;
(2) chronic fatigue,
and (3) an olfactory sensitivity to ambient conditions containing low concentrations of chemicals. (4,9,11) "

" (2.) Mobile home residents consisted
of 19 patients (6 males, 13 females, mean age 41 +-20 y) who currently lived in mobile homes.

The patients had lived in their environments for 2-7 y and reported multiple symptoms. (4,9)

Measured HCHO concentrations ranged from 0.05 to 0.5 ppm at the time blood samples were taken. "

FEMA found 1.2 ppm formaldehyde in April 2005 in one of over 120,000 mobile homes supplied for recent hurricane victims --
75 times more than the
0.016 level set for 8-hour working days
by the National Institute for Occupational Safety and Health for workers to be required to wear respirators.

http://www.arb.ca.gov/toxics/tac/appendxc.htm

1 ppm FA in air = 1.23 mg/cubic meter, so breathing 20 cubic meters would retain about 20 mg FA daily, ten times the 1999 EPA alarm level for drinking water.

Dark wines and liquors, as well as aspartame, provide similar levels of methanol, above 120 mg daily, for long-term heavy users, 2 L daily, about 6 cans.

Within hours, methanol is inevitably largely turned into formaldehyde, and thence largely into formic acid -- the major causes of the dreaded symptoms of "next morning" hangover.

Fully 11% of aspartame is methanol --
1,120 mg aspartame in 2 L diet soda,
almost six 12-oz cans, gives 123 mg methanol (wood alcohol).
If 30% of the methanol is turned into formaldehyde, the amount of formaldehyde, 37 mg, is 18.5 times the USA EPA alarm limit for daily formaldehyde in drinking water, 2.0 mg in 2 L average daily drinking water.

Medicine has to consider that the many sources of methanol and formaldehyde are additive co-factors.

http://groups.yahoo.com/group/aspartameNM/message/1286
methanol products (formaldehyde and formic acid) are main cause of alcohol hangover symptoms [same as from similar amounts of methanol, the 11% part of aspartame]:
YS Woo et al, 2005 Dec: Murray 2006.01.20

http://groups.yahoo.com/group/aspartameNM/message/1143
methanol (formaldehyde, formic acid) disposition:
Bouchard M et al, full plain text, 2001:
substantial sources are degradation of fruit pectins, liquors, aspartame, smoke: Murray 2005.04.02

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

CCC197

mizuno1-Edgar

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 7:48 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: vinyl acetate, ethyl alcohol, or aspartame in womb increases later cancers in adults with lifetime exposure in many studies, M Soffritti

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

vinyl acetate, ethyl alcohol, or aspartame in womb increases later cancers in adults with lifetime exposure in many studies, M Soffritti et al, Ramazzini Foundation, Basic Clin. Pharm. Toxicol. 2008 Feb.: Murray
2008.02.01
http://rmforall.blogspot.com/2008_02_01_archive.htm
Friday, February 1, 2008
http://groups.yahoo.com/group/aspartameNM/message/1509

"Based on the results of long-term carcinogenicity bio-assays testing chemical and physical agents using rodents, there is ample evidence demonstrating that developmental, in conjunction with adult exposure to carcinogenic risks, produces an overall increase in the incidence of malignant tumours and an increased incidence of specific neoplasms related to exposures to specific carcinogens.

Moreover, when comparing prenatal and postnatal exposure, the development of certain tumours may appear earlier in life.

We must take into serious consideration the warnings provided by long-term carcinogenicity studies and take adequate action today.

Based on the evidence presented, increased attention must be given to developmental exposures to diffuse carcinogens.

It is only in this way that in the future we can hope to avoid a passive registration of a worsening epidemiological situation."

www.blackwell-synergy.com/action/showFullText?submitFullText=Full+Text+HTML&doi=10.1111%2Fj.1742-7843.2007.00200.x
free full text

Basic & Clinical Pharmacology & Toxicology Volume 102 Issue 2 Page 118-124, February 2008

To cite this article:
Morando Soffritti, Fiorella Belpoggi, Davide Degli Esposti, Laura Falcioni, Luciano Bua (2008) Consequences of Exposure to Carcinogens Beginning During Developmental Life Basic & Clinical Pharmacology & Toxicology 102 (2), 118-124.
doi:10.1111/j.1742-7843.2007.00200.x

MiniReview

Consequences of Exposure to Carcinogens Beginning During Developmental Life

* Morando Soffritti,
* Fiorella Belpoggi,
* Davide Degli Esposti,
* Laura Falcioni and
* Luciano Bua

Cesare Maltoni Cancer Research Center,

CCC198

European Ramazzini Foundation of Oncology and Environmental Sciences, Bologna, Italy

Author for correspondence: Morando Soffritti, Cesare Maltoni Cancer Research Center, European Ramazzini Foundation of Oncology and Environmental Sciences, Castello di Bentivoglio, Via Saliceto 3, 40010 Bentivoglio, Bologna, Italy fax +39 051 6640223, e-mail crcfr@ramazzini.it

Abstract:

The increased incidence of cancer over the last 50-60 years may be largely attributed to two factors:
the ageing of the population
and the diffusion of agents and situations presenting carcinogenic risks.

Today, we have entered into a new era in which populations are ever-increasingly exposed to diffuse carcinogenic risks, present not only in the occupational, but also in the general environment.

We must now also consider an additional factor in the carcinogenic process, that is, the age in which exposure to carcinogenic risks begins.

Apart from the paradigmatic cases of diethylstilboestrol and ionizing radiation, the available epidemiological data concerning the adult consequences of developmental exposure to carcinogens is very limited.

However, important data have been provided by long-term experimental carcinogenicity bioassays conducted using rodents.

This paper reports a selection of studies conducted in the laboratories of the Cesare Maltoni Cancer Research Center of the European Ramazzini Foundation in which exposure to the chemical agents vinyl acetate monomer, ethyl alcohol and aspartame was started during developmental life and continued into adulthood.

The results of these studies provide supporting evidence that lifespan exposure to carcinogenic agents beginning during developmental life produces an overall increase in the carcinogenic effects observed.

Moreover, when comparing prenatal and postnatal exposure, the data demonstrate that the development of cancers may appear earlier in life.

Cancer represents one of the most important issues in public health today, both in the industrialized and developing worlds.

The epidemiological dimension of the disease is epidemic, with one out of two males and one out of three females destined to become ill with cancer during their lifetimes [1].

Above all, cancer affects the oldest segment of the population, from 60-84 years of age.

Data from the Nominative Mortality Register of European Ramazzini Foundation from the period 1982-2002 show that more than 30% of the mortality in the province of Bologna, Italy, is cancer-related.

Of these deaths, 80% occurred after the age of 60-65 years [2].

If we consider the estimates that in 25 years, the number of persons over than the age of 70 years will have doubled, it is necessary to prepare for a dramatic increase in the number of tumours.

In the USA alone, it is predicted that the number of cancers will indeed double by 2050 [1].

Although the scientific effort and economic resources dedicated to cancer have increased over the last 30 years (directed especially towards the discovery of effective cancer drug therapies), in the USA, the 5-year relative survival rates based on patient follow-up from 1976-2000 have not substantially improved (table 1), with the exception of female breast, prostate and colon-rectal cancer for which early diagnosis has certainly played an important role.

Other exceptions are cancers of the lung and bronchus in males that reflects the decrease in smoking more than the past 30 years.

The increased incidence of cancer over the last 50-60 years may be attributed to two increasing trends:
(i) the increase in life expectancy (about 10 years for males and 15 years for females); and (ii) the increase in the diffusion of agents and situations presenting carcinogenic risks in both the occupational and general environment.
A third factor in the carcinogenetic process is genetic predisposition; however, it is unlikely that this factor has changed significantly over the last decades.

In addition, a fourth factor must also be considered; that is, the age in which exposure to carcinogenic risks begins.

In this context, the present epidemiological dimension of cancer is undoubtedly a sign of the previous era in which the majority of the population had been exposed to carcinogenic risks either in the occupational environment as adolescents or adults.

Today, however, we are facing an era characterized by two new trends:
(i) lifetime exposure to carcinogenic risks beginning during developmental life (prenatally or postnatally).

This exposure during early development, when cell mutiplication and differentiation make an organism more vulnerable, may cause an increase in carcinogenic effects later in life;

and (ii) exposure to 'diffuse carcinogenic risks'.
This term is used to describe carcinogenic risks of low potency, but to which almost the entire population of the planet may be exposed.

Examples of diffuse carcinogenic risks include:
(i) agents that are slightly carcinogenic at any dose;
(ii) low or extremely low doses of strong carcinogenic agents; or (iii) mixtures of small doses of any carcinogenic agent [3].

Apart from the paradigmatic cases of diethylstilboestrol and ionizing radiation, the available epidemiological data concerning the adult consequences of developmental exposure to carcinogenic agents are very limited.

We now know much more about the effects of this early exposure thanks to experimental long-term bioassays.

If adequately designed and conducted, these bioassays can produce data that can be effectively used to identify/predict carcinogenic risks and, consequently, to make decisions to protect public health.

Numerous long-term carcinogenicity studies have been conducted at the Cesare Maltoni Cancer Research Center of the European Ramazzini Foundation (CMCRC/ERF) that demonstrate the life-time consequences of chemical/physical exposures beginning during developmental life and lasting for life.

This paper presents a selection of these exemplary cases including vinyl acetate, ethyl alcohol and aspartame......

The case of aspartame

Aspartame is an artificial sweetener consumed by hundreds of millions of people worldwide.

It is used in over 6000 products, including soft drinks, chewing gum, candy, desserts and yogurt, as well as in more than 500 pharmaceutical products, in particular, syrups and antibiotics for children.

Prior to the commercialization of aspartame in the 1970s, the manufacturers of the compound conducted various experimental studies on rats and mice to test its carcinogenicity.

When taken together, the results of these studies were considered negative with regard to the carcinogenicity of aspartame.

Doubts were, however, raised by some in the scientific community about the conduct of the experiments and the fact that some cases of malignant brain tumours were found among animals treated with aspartame while none were found among the control group.

Given the limitations of these studies due to the number of animals per sex and group, the duration of the experiment, and the ever growing use of aspartame throughout the years, the CMCRC/ERF decided in the late 1990s to plan and perform an experiment that would provide an adequate evaluation of the potential carcinogenic effects of aspartame.

The first CMCRC/ERF study [10-12] was conducted on 1800 Sprague-Dawley rats (100-150/per sex/per group).

Aspartame was added to the standard rat diet in quantities of 100,000; 50,000; 10,000; 2000; 400; 80 or 0 p.p.m. in order to simulate daily intake of 5000, 2500, 500, 100, 20, 4 or 0 mg/kg of body weight.

Treatment of the animals began at 8 weeks of age and continued until spontaneous death.

The results, reported in table 6, show that aspartame causes a significant, dose-related increase of lymphomas/leukaemias and malignant tumours of the renal pelvis and ureter in females and malignant tumours of peripheral nerves in males.

These results demonstrate for the first time that aspartame is a carcinogenic agent, capable of inducing malignancies at various dose levels, including those lower than the current acceptable daily intake for humans (50 mg/kg of body weight in the USA, 40 mg/kg of body weight in the European Union).

As soon as we perceived the carcinogenic effects of aspartame during the elaboration of the data in our first mega-experiment, we planned an integrated programme of long-term bioassays, beginning treatment from prenatal life, on an additional 1500 rats and mice in order to better quantify the carcinogenic risks of aspartame.

The second CMCRC/ERF study [13] was conducted on 400 Sprague-Dawley rats (70-95/per sex/per group).

Aspartame was added to the standard rat diet in quantities of 2000, 400 or 0 p.p.m. in order to simulate daily intake of 100, 20 and 0 mg/kg of body weight.

Treatment of the animals began on the 12th day of foetal life and lasted until natural death.

The results of the second study show an increased incidence of lymphomas/leukaemias in female rats with respect to the first study.

Moreover, the study shows that when lifespan exposure to aspartame begins during foetal life, the age at which lymphomas/leukaemias develop in females is anticipated (fig. 1).

In addition, for the first time, a significant increase in mammary cancers in females was also observed. [breast cancers]

The results of this second study confirm the first experimental demonstration of aspartame's multipotential carcinogenicity and demonstrate that developmental exposure aggravates the carcingogenic effects (tables 7 and 8).

Conclusions

It is well known that the latency time of most cancers (i.e. the time elapsing between the start of exposure to carcinogenic risks and the clinical manifestation of cancers) may span from 20 to 40 years [14].

In light of the fact that 80% of cancers are diagnosed over the age of 55-60 years, we may attribute the present epidemiological dimension of cancer to exposure beginning during adolescence or adulthood.

Nowadays, we are facing a new era in which exposure to carcinogenic risks begins during developmental life (prenatal and postnatal) and continues into adulthood.

Based on the results of long-term carcinogenicity bio-assays testing chemical and physical agents using rodents, there is ample evidence demonstrating that developmental, in conjunction with adult exposure to carcinogenic risks, produces an overall increase in the incidence of malignant tumours and an increased incidence of specific neoplasms related to exposures to specific carcinogens.

Moreover, when comparing prenatal and postnatal exposure, the development of certain tumours may appear earlier in life.

We must take into serious consideration the warnings provided by long-term carcinogenicity studies and take adequate action today.

Based on the evidence presented, increased attention must be given to developmental exposures to diffuse carcinogens.

It is only in this way that in the future we can hope to avoid a passive registration of a worsening epidemiological situation.

[References and more studies are at the title URLs]

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

000202

From: Unizion [kim@unizion.co.uk]
Sent: Tuesday, February 12, 2008 7:54 AM
To: HLTtestimony
Subject: House Bill 2680, the room number #329, and 8: AM Weds.

House Bill 2680, the room number #329, and 8: AM Weds.

"Please copy as committee handout for this hearing."

To whom this may concern

I am writing to tell you of the dangers of aspartame in the human diet.
I have a personal story to tell and one of 2 friends who have suffered at it's hands.

My husband works in Air Traffic Control in Gatwick, West Sussex, England and as you can imagine he is in a fairly stressful job. He had been trying to lose some weight and decided to start drinking a low-calorie diet drink - he always drinks a vast amount of fluids so he was changing to over 2 litres a day of this poison. He been drinking it for a number of months and we didn't notice anything at first until one day he started getting rather high - hypertensive and elevated.

He came home one day and started saying things that didn't make sense, I wasn't at all sure what was going on at first as I had a personal tradegy to deal with at the time which didn't help. The next day he came to pick me up from a friends and he was late, he is never late and he was very florrid. By the evening he had got worse and was maniacally laughing, I called for medical help and he was eventually sectioned, he took 3 months off work trying to recover, he could hardly climb the stairs and he was PUTTING ON weight.

I found out about aspartame purely by accident by researching something else. I told him to come off it immediately and the results were miracalous! He could climb the stairs and he was a different man - this happened in the psace of a few days!!! He had no history of mental illness so we can only presume it was the aspartame - and he has stayed well ever since. PLEASE BAN THIS DEADLY NEURO-TOXIN.

My other friend kept getting admitted to the hospital with severe stomach pains and there seemed to be no real medical basis for it - this had been happening for 6 months - I checked what she was eating and noticed she had been consuming her favourite mints LOADED WITH ASPARTAME. She stopped eating them and has never been back to the hospital since.

A young teenage student of mine had mulitple symptoms, lose of feeling in her hands, disrupted periods, enormous weight gain - She came off diet drinks and lo and behold... she lost the weight and health is back to normal. For a teenager it was very scary to not know what is wrong with you when she was embarking on a acting and singing career.

Please SAVE THE PEOPLE OF THIS PLANET.

Thank-you

Mrs Kim Dixon

000203

mizuno1-Edgar

From: Jason Demos [jasond11us@yahoo.com]
Sent: Tuesday, February 12, 2008 7:34 AM
To: HLTtestimony
Cc: jasond11us@yahoo.com
Subject: For HB 2680 Banning Aspartame

Disclaimer : As an informed citizen I would like to present my opinion on Aspartame that is protected by First Amendment free speech:

Aspartame has been a scourge on the health of millions of people for nearly 30 years now. In general, it is kept legal by the efforts of Big Business and Corporate Money. Several facts need to be noted:

1) The FDA commissioner overruled his advisory board in 1983 to allow Aspartame into our food supply.
2) There is NO nutritional value to Aspartame.
3) The symptoms of Attention Deficit Disorder (ADD) are contained within the list of complaints symptoms presented to the FDA regarding Aspartame
4) The incidence/diagnosis of Obesity, malignant tumors, ADD, anxiety and other diagnosis have all increased in epidemic proportions since the 1983 introduction of Aspartame into the food supply.
5) Many of the original studies were manipulated and poorly performed.
6) There are approximtely 92 different symptoms of disease associated with Aspartame consumption based on approximately 10,000 adverse event reports released by the FDA under the Freedom of Information Act.

(The folowing are excerpts from Aspartame web sites) Aspartame breaks down into its chemical parts when
digested:

PHENYLALANINE, 50% of the aspartame molecule is isolated from the chain of amino acids with which it exists in nature. Isolated phenylalanine, neurosurgeon Dr. Russell Blaylock, M.D. tells us crosses the blood brain barrier to interfere and kill the neurotransmitters of the brain by "exciting them
to death." ("Excitotoxins: The Taste That Kills")
PHENYLALANINE converts to DKP, diketopiperazine, a tumor agent.

ASPARTIC ACID is 40% of the aspartame molecule. Dr.
Madelon Price, in 1998 was Professor of Neurobiology at Washington University, in St. Louis, Missouri told her students: "Aspartic acid (aspartate) has been known to be a neurotoxin for 30 years. (now 40 years) Rodents that have ingested too much aspartame as infants are stunted as adults, obese and have sexual and reproductive dysfunctions.

METHANOL is 10% of the aspartame molecule. Methanol (wood alcohol) is a known poison and addictive, too.
Doesn't everyone knows someone who carries a diet Coke around all day?
The aspartame industry claims there is more methanol in a glass of orange juice than in aspartame products, but in a natural product, such as orange juice, the poisonous wood alcohol has the antidote for methanol inherently in it-- ethanol.
Free methanol turns into formaldehyde (embalming fluid).
In 1998, a research team from the biology department of the University of Barcelona, Spain, C.Trocho, et al
concluded: "Aspartame converts to formaldehyde in vivo in the bodies of laboratory rats."

In conclusion, the state and federal regulatory agencies responsible for Aspartame will continue to say that Aspartame has been extensively studied and has been deemed perfectly safe with no ill effects.
My opinion is that this is a BOLD FACED LIE. There is too much credibility and money involved is the sales of Aspartame and related products for the regulatory agencies to admit that they made a mistake in allowing Aspartame on the market.
There are other much safer diet sweeteners (such as the herb Stevia which is used widely in Japan) that will fill up the market if Aspartame is banned. It is likely that the

000204

former makers of Aspartame and related products will take up these new safer product lines, so there is little net economic loss. There will always be safer alternatives for people who want to avoid regular sweeteners. Millions of women, children, and infants could be much healthier if this legislation comes to pass.

Informed citizen,

NJ, USA

000205

mizuno1-Edgar

From: Amy Sasser [amysasser@gmail.com]
Sent: Tuesday, February 12, 2008 8:05 AM
To: HLTtestimony
Subject: Banning aspratame

Dear Sirs,
Since I have been off of aspartame my health is improving. I was diagnosed with MS in 1998 finding lessons on the brain
I am working to rid my body of these toxins to restore my health.
Please Ban aspartame.
Please ban this poison cup. they are placing it in our childrens vitimins. Please help save humanity
Sincerely
Amy Sasser
Florida

000206

mizuno1-Edgar

From:	Stephen Fox [stephen@santafefineart.com]
Sent:	Tuesday, February 12, 2008 8:05 AM
To:	HLTtestimony
Cc:	Rep. Mele Carroll; carroll1-Kristen; Janice Lehner
Subject:	FROM DICK ALLGIRE, KITV NEWS/MEDICAL REPORTER: Aspartame MSG personal story

ATT169214166.htm
(11 KB)

MSG and ASPARTAME- A PERSONAL STORY.

Dick Allgire

There is a bill being considered at the Hawaii state legislature that would ban aspartame. This will come to a vote on Wednesday, Feb. 13. Quoting an email from Dr. Betty Martini:

"Although Rep. Josh Green sympathized with supporters who have been affected by the artificial sweetener aspartame, he was unable to immediately pass a bill that would ban the artificial sweetener aspartame in food products without concrete evidence showing a connection between aspartame and medical ailments. We can't take numerous amounts of products off Hawaii store shelves without evidence of a connection, he said."

I've been a television news reporter for 34 years and I have won the Hawaii Medical Association Distinguished Medical Reporting Award five times. I didn't win those awards for going on TV and telling people how to be healthy. I won the awards for reporting the AMA company line; the newest drugs, the latest surgery, and the most advanced methods of zapping cancer with radiation.

So here's my health story. I suffered from migraines and panic attacks. Doctors prescribed drugs for both conditions.

Since my teenage years I endured excruciating migraines, a type of headache called Cluster Headaches. These are also known as "suicide headaches" because the pain is so intense you want to kill yourself.
On many occasions I went nearly delirious with pain and beat on my own head in a frustrated, impotent rage. My doctor told me he knew of a patient who tried to claw his own eye out because of the pain.
Imagine an "ice cream headache" -when you drink a very cold, icy drink too fast and have a searing pain for a few seconds. A cluster headache is many times worse than that, but it lasts several hours.
For these headaches physicians prescribed opiates and also put me on a cousin of LSD known as Sansert (Methysergide maleate). This drug gives you hallucinogenic dreams. The doctor told me I had to take it.
The dreams were really wild, a Technicolor acid trip every night. So my doctor basically prescribed a mild form of LSD to prevent my headaches. What the doctor didn't realize was that cluster migraines are not caused by a lack of Sansert.

Later in my adult life I started getting panic attacks. It is impossible to describe a panic attack. Your heart starts beating out of control, it feels like you cannot get a breath of air into your lungs, and you have a feeling of absolute terror as the more you try to breathe the less you feel like you can get a breath, you lose muscle control and feel like you are going to convulse and drop dead in the next few seconds. It is like someone just injected you with a powerful drug that makes you feel as scared and miserable as is humanly possible. Hence the name Panic.

The panic attacks had me leaving work and fleeing to an emergency room. Doctors assured me I must take Paxil. I asked them about the number of patients on SSRIs who have committed suicide. The doctors
assured me that I had to take Paxil or risk a nervous breakdown.

000207

What the doctors didn't understand was that panic attacks are not caused by a lack of Paxil. But according to mainstream medicine headaches required the hallucinogenic Sansert and panic attacks called for an SSRI. Take 10 minutes to write a prescription, get the patient out the door, next patient, a new prescription.

I had heard several interviews with Dr. Russell Blaylock and I began to wonder about food additives. So I did my own research. I found out things my doctors didn't know. I read as much as I could find about Asparatame and MSG.

Could Aspartame and MSG have caused my excruciating headaches and paralyzing panic attacks?

I used to drink one diet Pepsi with lunch every day at work. I used to eat sugarless candy containing aspartame. I used to chew sugarless gum, also loaded with aspartame. When I read about this drug and learned that Mr. Donald Rumsfeld helped inflict this poison on society I decided to stop ingesting it. I stopped. Instead of drinking one diet soda per day, I drank water with lunch. I threw out the sugarless candy. I stopped chewing gum. I now read every label of everything I consume. I don't eat aspartame.

MSG was a hard one. It is in everything. I am a vegetarian and I used to cook with a powered vegetable broth that I purchased at my local "health food" store. The main ingredient was "hydrolyzed protein." I looked that one up and discovered it is MSG. MSG has many hidden names. (Do an Internet search for "HIDDEN MSG") Those bastards!

I now make my own vegetable broth. It's easy. Two onions, chopped, three carrots, chopped. One stalk of celery, chopped. Six cloves of garlic. Drizzle some olive oil and toss on some sea salt. Roast in the oven until everything begins to darken and caramelize. Toss the veggies in a pot with about 8 cups of water and simmer for an hour.
Strain and you have a great broth for soups, stir-fries, and it has no MSG. Does it take time and effort? Yes. Does it beat writhing on the floor with a pounding, excruciating headache? Absolutely.

I stopped eating at restaurants. This is difficult when you're a news reporter on the go. I take my own food with me. I know about 5 places in Honolulu that don't use MSG. When I go to the grocery it takes longer for me to check out because most of the food I buy does not have a bar code. The checkout clerk is usually bewildered by kale or Swiss Chard and has to look up the code. I buy fresh whole foods. I make just about everything I eat from scratch.

Guess what? I stopped having migraines and panic attacks. Now this is what we call "anecdotal" evidence. It is not a scientific study and no medical claims can be made from my personal testimony. I won't even put this on the local news as a story. But when I eat something with "autolyzed yeast" or "natural flavoring" I get knocked down with terrible headache. I also realized that my heart would race and my breathing would become labored after consuming anything with aspartame, even one diet soda. The more you clean up your diet the more sensitive you become.

Do not wait for the government to take action. You are in charge of your own health. No one is going to do it for you. We hear so much about "health care" costs, but think about it- if you are truly healthy you don't need care. There is no cost incurred from health and wellness. Health "care" is Orwellian doublespeak.

By writing this article I risk "crossing the line" in journalism.
I'm old school. Reporters should report all sides and not have an opinion. You rarely see that these days- almost everything on cable "news" is what they term news, debate, and opinion. But my personal experience is true. When it comes to MSG and Aspartame I voted with my feet. You can ingest this stuff if you want, but I won't.
------- End of Forwarded Message -------

000208

mizuno1-Edgar

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Tuesday, February 12, 2008 8:09 AM
To: HLTtestimony
Subject: Testimony of Lady Carol Ann Davies-Joubert, Mission Possible Spain, HB2680, House Health Committee

Date: Tue, 12 Feb 2008 09:15:57 -0800 (PST)
From: Lady Carol Ann Davies-Joubert <mision_posible.espanya@yahoo.com>
Subject: ASPARTAME ALREADY BANNED
To: Mele Carroll <repcarroll@capitol.hawaii.gov>
Cc: Betty Martini <bettym19@mindspring.com>

Dear Rep. Carroll,
Hawaii may be the first in the US to ban aspartame - if they aren't sabotaged by the industry lobbyists, - but they will not be the first in the world.
The Phillipines has that distinction, having banned aspartame on October 13, 2005. Anyone breaking that law faces heavy fines.
They used the FDA's own list of 92 symptoms attributed to aspartame, which include developmental retardation in children; coma and death.
(Document attached)
There are 47 members of parliament in Britain who are pushing to get aspartame banned in their country; Many of the major stores in Britian have voluntarily chosen to stop using aspartame in their products; and there are movements to get aspartame banned in other parts of the world.
Is this product really that dangerous?
I consumed a soda drink for nearly six years which contained aspartame. It was not a 'diet' or 'light' soda and not advertised as such. I consumed just one-and-one-half liters per day. This means I was consuming approximately 227,5mg of aspartame; of which 22,75mg was methanol. This amount of aspartame is well below the daily limit allowed. Methanol is poisonous. It converts to formaldhyde in the body. These are facts, not guesswork.
When I began consuming this product I was evaluated at 19% disability because of mild arthritis. In less than six months my disability rating had shot up to 65% and I was in a wheelchair.
any doctor will tell you that arthritis does not deteriorate at such a rate unless there is some outside agent that is causing severe damage to the joints. Spondiloarthrosis is arthritis of the spine, which is what I have been diagnosed with.
In under a year my disability has soared to 84% and I was also diagnosed with an enlarged heart.
Other toxic effects that I had from aspartame are:
*Grand Mal Seizures during the night - disappeared since I stopped consuming aspartame.
*Restless Leg Syndrome - dissapeared since I stopped ingesting aspartame.
*Arrythmia and loss of pulse - improved since I stopped ingesting aspartame but will reappear if I unkowingly consume anything that has aspartame.
*Severe pain in all my articular joints including fingers and toes - this has improved and the pain is not as severe since I stopped ingesting aspartame and the degenerative progression of the arthritis has slowed down since eliminating aspartame from my diet.
*Extreme fatigue - chronically tired and unable to funtion normally.
*Heavy sedation - I was sleeping between 16 to 20 hours daily, feeling as if I was recovering from general anaesthetic but without fully recovering my sense.
*Vision disturbance in the left eye and pain in the optic nerve - disappeared since I stopped ingesting aspartame.
*Extreme joint pain including fingers and toes - This has improved since I stopped ingesting aspartame, but not fully; the degenerative progression of the arthritis has slowed down, but there is permanent damage to the joints of the spine. The doctor has prescibed morphine PRN for those days when the pain is severe and does not respond to the usual anagesics prescibed for this.
*Severe depression and personality changes - disappeared since eliminatiing aspartame from my diet.
The withdrawal symptoms from this included: severe anxiety; craving similar to drug

000209

addiction; constant intense thirst; disturbed sleep pattern; mood swings; short temper; muscle cramps; and much more. It was at least 4 to 5 weeks before I began to feel an improvement.
All of this is medically documented.
I am now on a disability pension.
I have been assessed for a dependency rating; I need a caregiver 24/7.
I stopped using aspartame products November 2, 2006.
I sincerely hope that Hawaii legislature will have the courage to do what is right for their constituants.
Anything else would be criminal negligence.
Thank you for your time.
Yours sincerely,
Lady C. Ann Davies-Joubert

<file://c:\program%20files\qualcomm\eudora\attach\FDA%20LISTS.doc>
FDA LISTS.doc

000210

ELSEVIER

PII S0024-3205(98)00282-3

Life Sciences, Vol. 63, No. 5, pp. 337-349, 1998

0024-3205/98 $19.00 + .00

FORMALDEHYDE DERIVED FROM DIETARY ASPARTAME BINDS TO TISSUE COMPONENTS *IN VIVO*

C. Trocho, R. Pardo, I. Rafecas, J. Virgili, X. Remesar, J.A. Fernández-López and M. Alemany

Departament de Bioquímica i Biologia Molecular, Facultat de Biologia,
Universitat de Barcelona, 08028 Barcelona Spain.

(Received in final form May 13, 1998)

Summary

Adult male rats were given an oral dose of 10 mg/kg aspartame ^{14}C-labelled in the methanol carbon. At timed intervals of up to 6 hours, the radioactivity in plasma and several organs was investigated. Most of the radioactivity found (>98 % in plasma, >75 % in liver) was bound to protein. Label present in liver, plasma and kidney was in the range of 1-2 % of total radioactivity administered per g or mL, changing little with time. Other organs (brown and white adipose tissues, muscle, brain, cornea and retina) contained levels of label in the range of 1/12 to 1/10th of that of liver. In all, the rat retained, 6 hours after administration about 5 % of the label, half of it in the liver. The specific radioactivity of tissue protein, RNA and DNA was quite uniform. The protein label was concentrated in amino acids, different from methionine, and largely coincident with the result of protein exposure to labelled formaldehyde. DNA radioactivity was essentially in a single different adduct base, different from the normal bases present in DNA. The nature of the tissue label accumulated was, thus, a direct consequence of formaldehyde binding to tissue structures. The administration of labelled aspartame to a group of cirrhotic rats resulted in comparable label retention by tissue components, which suggests that liver function (or its defect) has little effect on formaldehyde formation from aspartame and binding to biological components. The chronic treatment of a series of rats with 200 mg/kg of non-labelled aspartame during 10 days resulted in the accumulation of even more label when given the radioactive bolus, suggesting that the amount of formaldehyde adducts coming from aspartame in tissue proteins and nucleic acids may be cumulative. It is concluded that aspartame consumption may constitute a hazard because of its contribution to the formation of formaldehyde adducts.

Key Words: aspartame, aspartame toxicity, formaldehyde, methanol

Corresponding author: Prof. Dr. Marià Alemany. Departament de Bioquímica i Biologia Molecular, Facultat de Biologia, Universitat de Barcelona; Avinguda Diagonal, 645; 08028 Barcelona, Spain. Tel. 34-934021521; fax 34-934021559; E-mail: alemany@porthos.bio.ub.es

Aspartame is one of the most widely used artificial sweeteners. Its peptide nature: aspartyl-phenylalanine methyl-ester facilitates its intestinal hydrolysis and the absorption (1-3) of innocuous amino acids together with small amounts of free methanol, far away from the lower limits of toxicity for that compound (4). The use of large amounts of aspartame in the diet, however, has been claimed to be the cause of a number of ailments, like headaches (5) and other symptoms (6-7), which are difficult to explain (8) from its known composition and the easy blending of its building components in the overall host metabolism. A number of studies have linked aspartame with neurologic pathologies, but most of the results yielded negative or inconclusive correlations (9-16). The acute toxicity of aspartame is believed to be low (17), which has promoted a wide distribution of the product as a potent hypocaloric and safe substitute of sugar (18-19).

Methanol is primarily oxidized in several tissues to formaldehyde and formic acid (20-21), the latter being considered the main metabolite responsible for the deleterious effects of acute methanol intoxication in man (22), but also in experimental animals (23), in spite of the marked resistance of the rat to formate (24-25). The enzymes involved in methanol metabolism are alcohol dehydrogenase (EC 1.1.1.1) and aldehyde dehydrogenase (EC 1.2.1.3), as well as the microsomal oxidase pathway (26). Acute methanol intoxication may produce blindness and hepatic loss of function (27-28), since the retina, cornea and liver contain the highest alcohol dehydrogenase activity (29-30). These tissues are, thus, where one can expect, eventually, the largest accumulation of their byproducts: formaldehyde and formate, in the event of intoxication. It may be assumed that liver functional failure due to cirrhosis could result in the loss of its role as barrier to intestinal methanol, and thus, the effects of methanol intoxication on other tissues (i.e. the retina) would be more marked. The cirrhotic rat may be, then, used as a model of acute or chronic methanol toxicity.

Formaldehyde is a highly reactive small molecule which strongly binds to proteins (31) and nucleic acids (32) forming adducts which are difficult to eliminate through the normal metabolism pathways. As a result, formaldehyde induces severe functional alterations (33), including the development of cancer (34). The small amounts of formaldehyde which can be potentially produced from dietary use of aspartame have been often overlooked in its potential toxicity precisely because of the limited amount eventually produced. However, the administration of labelled aspartame to experimental animals results in the incorporation of a significant proportion of the label to proteins (35). The accumulation of label has been postulated to be the consequence of label drift into amino acids (essentially in the methionine methyl group) through the one-carbon pool (35). This aspect has not been, however, proved nor further investigated.

We have intended here to determine the extent of conversion of aspartame methanol to formaldehyde and its eventual effect on the overall physiologic function of the rat. In addition we have probed whether the aspartame methanol carbon presence in tissue components is due to the eventual drift of label into methionine and nucleic acid components through the one-carbon pool, or is the consequence of a direct reaction with free formaldehyde forming stable adducts.

Materials and Methods

Aspartame. Aspartame labelled (^{14}C) in the methanol carbon was custom-prepared by Amersham (Amersham, uk). The product had a specific activity of 433 MBq/mmol, and a chromatographic purity >98%. The standard dose given orally to the rats was 4.5 Mbq per kg of rat weight, always supplementing unlabelled aspartame (Sigma, St Louis, mo usa) to give a specific activity of 55 Mbq/mmol.

Acute and chronic administration of aspartame to normal rats. Sixteen week-old healthy adult male Wistar rats, weighing initially 380-460 g, were used. The rats were housed in collective cages in a controlled environment (21-22°C; 70-75 % relative humidity; lights on from 08:00 to 20:00), and were fed a standard chow pellet (B&K, Sant Vicent dels Horts, Spain) and tap water ad libitum.

Two groups of rats were selected. The first group NC (Normal-Chronic, N=5) received a daily oral gavage of 0.68 mmol per kg of rat weight (200 mg per kg) of a water suspension (2.5 mL/kg) of non-radioactive aspartame (Sigma). This treatment was continued for 10 days. On day 11, the rats were administered a gavage of 4.5 Mbq per kg of rat weight of labelled aspartame in 68 μmol of cold aspartame per kg, in the same volume of the standard gavage. The second group NA (Normal-Acute, N=12) was given a single dose of 4.5 Mbq per kg of rat weight of labelled aspartame in 68 μmol of cold aspartame per kg of rat weight. Prior to the administration of the last (or only) dose, blood was extracted from the tail vein and used for the measurement of biochemical parameters using a Spotchem dry strip (panel 1 and 2) analysis system (Menarini, Milano, Italy).

The rats chronically treated (NC group) were killed by decapitation 6 hours after the administration of the labelled aspartame gavage. The rats in the NA group were killed by decapitation at 15 or 30 min and at 1, 2, 6 or 24 hours after the administration of the final labelled aspartame load. All animals were dissected, and samples of blood plasma (heparinized), liver, kidneys, brain, cornea, retina, hind leg striated muscle, epididymal fat pads and interscapular brown adipose tissue were cut, weighed (blotted when necessary), and frozen in liquid nitrogen. The samples were preserved at -20°C until processed.

Tissue samples were homogenized in water: methanol (4:1) in order to limit the losses of free methanol, using an all-glass Tenbroek homogenizer. Aliquots of the homogenates were immediately counted for radioactivity using a water-miscible scintillation cocktail (Ecolite, from ICN, Costa Mesa, ca usa). Plasma samples were counted directly after mixing with the scintillation cocktail. In all cases, two countings, 24-hours apart were performed. In all cases we obtained the same countings; there were no samples showing a significant loss of radioactivity (purportedly due to the eventual evaporation of methanol to the head space of the vial). Thus it was assumed that no significant amounts of labelled methanol were present in the final homogenates. Aliquots of the homogenates were precipitated with trifluoroacetic acid to remove the protein from supernatants, and the two fractions were then counted separately.

Acute and chronic administration of aspartame to liver-damaged rats Six week-old healthy adult male Wistar rats weighing initially 100-120 g were used. The rats were housed and fed under the same conditions described above for the controls. The rats were made cirrhotic by means of three i.p. injections per week of carbon tetrachloride diluted 1:1 with corn oil (36). The rats received 0.4 mL injections during the first 2 weeks, then 0.6 mL until week 6 and finally 0.8 mL until week 10, when the period of treatment was considered finished, when the rats weighed 340-380 g.

Two groups of liver-damaged rats were selected. The first group CC (Cirrhotic-Chronic, N=5) received a daily oral gavage of non-radioactive aspartame for 10 days, and on day 11 they received 4.5 Mbq/kg of labelled aspartame as in the NC group. The second group CA (Cirrhotic-Acute, N=11) was given a single dose of 4.5 Mbq/kg of labelled aspartame in 68 μmol of cold aspartame per kg as in the NA group. Tail vein blood was sampled from these animals, and its plasma stored frozen; this was later used to measure biochemical parameters as in group NA.

The CC chronically treated rats were killed by decapitation -as in the control series- 6 hours after the administration of the labelled oral bolus of aspartame, and those in the CA group were killed at 15 or 30 min and at 1, 2, 6 or 24 hours after receiving the labelled aspartame load. Samples of blood plasma and tissues were weighed, frozen and stored at -20°C until processed. Some samples of liver were preserved in 4 % formaldehyde and later used for the preparation of stained tissue sections in order to determine the degree of hepatic alteration (37). Blood and tissue samples were processed as described for normal rats.

Statistical comparison between means was determined with standard two-way anova programs, as well as with the Student's t test.

Nucleic acids analysis. Two additional adult rats were treated as in group NC, but they received the gavage for only three days. The last gavage contained 37 Mbq of radioactive aspartame. After killing, blood plasma and liver samples were obtained and frozen. Liver tissue was used for the extraction and purification of total RNA and DNA using the Tripure (Boehringer Mannheim, Germany) isolation reagents system. These preparations yielded pure fractions of DNA, RNA and protein. Nucleic acids content was determined by uv light absorption at 260/280 nm (38), and protein with the Bradford method (39). The radioactivity of these fractions was measured and used for the estimation of their specific radioactivity. The pooled DNA samples of the two rats used were hydrolysed with 88 % formic acid at 170°C in a sealed glass ampoule (40), and the corresponding constituting bases separated through thin layer chromatography on 0.1 mm thick cellulose plates (5716 Merck, Darmstadt, Germany), run against standards of ^{14}C-labelled adenosine, guanine and thymine (all from ICN, Costa Mesa, ca usa) containing their cold counterparts (from Sigma, St Louis, mo usa). The mobile phases used were isopropanol: 25% ammonium hydroxide (4:1 by volume) and butanol: acetic acid: water (4:1:1 by volume) (41). Spot radioactivity was measured by exposure of the chromatograms with the Bio-Rad Molecular Imaging Screen-BI (Bio-Rad, Hercules, ca usa) for several days. The plates were later read with a Bio-Rad Molecular Imager System GS-525 two-dimensional array radioactivity counter; this instrument provided a printed "photographic plate" of the bidimensional distribution of radioactivity in the chromatogram. Labelled standards of DNA bases were used to determine whether the hydrolysed sample presented any radioactivity in their spots. Cytosine was not included as standard since no carbon from 1C pool participates in its structure through the whole process of pyrimidine synthesis.

The DNA digest from the liver of rats exposed to labelled aspartame was also analysed through HPLC, using a Kontron (Milano, Italy) HPLC fitted on line with a diode array detector 440 (Kontron) and an eluate scintillation detector LB 507 A (Beckman, Fullerton ca usa). The instrument was run with the Data System 450-MT2/DAD (Kontron) software. We used a scx cationic interchange column (Kontron) (250x4 mm, 10 μm), maintained at 25 °C, and total flow was 0.8 mL/min. An isocratic gradient of 100 % 10 mM ammonium phosphate buffer pH 5.56 was used. The scintillation detector used a cocktail ultima-flo M (Packard, Meriden il usa) with a mixture ratio of 3:1. A series of standards of adenine, thymine and guanine were run under the same conditions. In all cases the radioactivity in the fractions was recorded.

Protein analysis. The rats used for nucleic acid analysis provided enough plasma samples for protein analysis; plasma proteins were selected because they could not be contaminated with nucleic acids. The plasma proteins (0.100 mL aliquots) were precipitated with 10% trifluoroacetic acid. Aliquots of the precipitated proteins were then hydrolysed for 48 h at 110°C in 6N HCl in Teflon-sealed tubes with occasional shaking (42). The digests were filtered to remove the black Maillard adducts (which retained part of the radioactivity). The amino acids in the digests were derivatized with dinitrofluorobenzene, and the DNP-amino acids were separated by bidimensional thin layer chromatography (43) on 0.15 mm thick silicagel plates (Polygram Sil G/UV_{254}, Mocherey-Nagel, Düren, Germany). The presence of label in amino acid spots was measured as in the case of nucleic acids using the Bio-Rad Molecular Imager. In separate runs, ^{14}C-labelled methionine (NEN, Boston, ma usa) diluted with cold methionine (Sigma) was added to rat plasma, digested, derivatized and processed as indicated above. Thus, the DNP-methionine spot was identified; in any case, the position of standard amino acids in the bidimensional chromatogram was known (43). The derivatization method used prevented the contamination of the plates by radioactive materials different from amino acids, since only the DNP-derivatized compounds were recovered.

An aliquot of 0.2 mL of blood serum albumin (Sigma) dissolved in water (100g/L) was incubated for 2 h at 37 °C with 0.02 mL of a labelled substrate preparation, containing 1 nmol and 5 kBq of ^{14}C-labelled: a) aspartame, b) formaldehyde (Amersham), c) formic acid (Sigma), or d) methanol (Amersham). The samples were then precipitated, washed with 10% trifluoroacetic acid and the precipitates counted for radioactivity. The protein exposed to formaldehyde retained a large proportion of the initial radioactivity added. In the cases of aspartame, formic acid and methanol, only background values were obtained in the washed protein precipitates, showing that none of these procedures resulted in stable label attachment to proteins. The samples of albumin exposed to formaldehyde label were processed in parallel to the sample of plasma (i.e. hydrolysis, derivatization and thin layer chromatography).

TABLE I

Plasma parameters in rats acutely or chronically treated with oral aspartame.

Rat series: / Time / group: / Parameter	units	Normal 0 h control	Normal 6 h (NA) single dose	Normal 6 h (NC) treated	Cirrhotic 6 h (CA) single dose	Cirrhotic 6 h (CC) treated
Glucose	mM	7.6 ± 0.1^{A}	7.7 ± 0.1^{A}	7.9 ± 0.5^{A}	6.5 ± 0.2^{B}	7.5 ± 0.1^{A}
Urea	mM	6.7 ± 0.4^{A}	6.1 ± 0.2^{A}	5.4 ± 0.5^{AB}	3.6 ± 0.3^{B}	2.9 ± 0.3^{B}
Triacylglycerols	mM	4.1 ± 0.4^{A}	3.2 ± 0.5^{AB}	3.9 ± 0.4^{A}	0.2 ± 0.0^{B}	1.3 ± 0.2^{B}
Total cholesterol	mM	1.47 ± 0.13^{A}	1.72 ± 0.17^{A}	1.64 ± 0.24^{A}	1.87 ± 0.27^{A}	1.87 ± 0.12^{A}
Bilirubin	µM	3.8 ± 1.1^{A}	4.6 ± 1.5^{A}	6.0 ± 1.5^{A}	3.9 ± 2.1^{A}	9.9 ± 2.7^{A}
Total protein	g/L	75 ± 7^{A}	68 ± 7^{A}	71 ± 18^{A}	35 ± 18^{A}	64 ± 4^{A}
Albumin	g/L	43 ± 1^{A}	39 ± 2^{AB}	42 ± 1^{A}	33 ± 1^{B}	37 ± 2^{AB}
Calcium	mEq/L	7.4 ± 0.2^{A}	7.3 ± 0.1^{A}	7.9 ± 0.1^{A}	7.3 ± 0.1^{A}	6.2 ± 1.0^{A}
Ala aminotranferase	µkat/L	0.35 ± 0.06^{A}	0.25 ± 0.01^{A}	0.19 ± 0.01^{A}	0.46 ± 0.23^{A}	0.42 ± 0.11^{A}
Asp aminotransferase	µkat/L	3.3 ± 0.4^{A}	2.7 ± 0.3^{A}	2.5 ± 0.2^{A}	5.2 ± 2.4^{A}	3.1 ± 0.4^{A}
Lactic dehydrogenase	µkat/L	44 ± 8^{A}	40 ± 11^{A}	35 ± 5^{A}	31 ± 2^{A}	46 ± 4^{A}

The data correspond to the mean ± sem of 4 animals per group. Statistical significance of the differences between groups: all groups with different raised letters are different ($p<0.05$, Student's t test).

Results

Table 1 shows the blood chemistry of the rats used. Aspartame administration, either chronic or acute (NC, NA groups), did not result in significant changes in plasma composition of the rats. In the cirrhotic rats, groups CC and CA, the plasma chemistry was deeply altered. The liver cytology (data not presented) together with altered transaminase levels and plasma chemistry showed that the CC and CA rats were affected by liver cirrhosis. The rats with cirrhosis showed lower urea, albumin and, especially, triacylglycerol levels than the controls. Aspartame administration resulted in no changes in plasma chemistry in normal rats.

Figure 1 shows the radioactivity found in several tissues of rats receiving a single oral dose of labelled aspartame. Liver, blood plasma and kidneys showed the higher radioactivity levels, in the range of 0.1-0.4 % in each gram of fresh tissue of the dose administered. Since the dose given to each rat was 10 mg, of which a 10.5 % corresponded to methanol (i.e. 1 mg), 1/1000th of the dose given was just 1 µg, which means that 0.1% of the dose per gram of tissue was equivalent to 1 µg of methanol/ formic acid/ formaldehyde (= 31 nmol = 1 ppm). Liver, thus, contained between 1 and 3.7 ppm of label, while plasma and kidneys maintained very stable levels of about 2 ppm, following administration of a single dose. Chronic administration of aspartame (NC group) resulted in a higher yield of label after the last administration, as observed when comparing the data for 6 hours, ranging from 130-140 % of the value obtained in the single NA group. A fairly conservative estimate may indicate that the daily incorporation of aspartame carbon was in the range between 2 and 4 ppm for liver tissue, i.e. after 11 days the accumulation may be up to 30 ppm. In the cirrhotic rats, the pattern of label distribution was quite similar to that of healthy rats. In general, the amount of radioactivity in liver and kidney was lower, but higher in WAT than in normal-liver rats.

The counting of radioactivity in plasma after acid precipitation of protein (which would set free formic acid and methanol, but not formaldehyde) gave a yield of less than 2 % of total label in the supernatant, i.e. practically all the radioactivity in the plasma at 6 hours was bound to protein. The same experiment done with liver gave a yield of 20-23 % of the label in the supernatant, the rest bound to protein and nucleic acids. The form of the time-course of label present in liver agrees with this finding, since there is a certain decay of label present in that organ with time from a peak at 60 min. This same pattern can be found in several other tissues (brown adipose tissue, muscle, brain and eye), but in the end, a significant part of the label can be assumed to be retained bound to protein.

The specific radioactivity of liver RNA, DNA and protein in the rats treated with very high specific activity labelled aspartame are presented in Table 2. Despite considerable variability in the individual data, RNA showed lower specific activity than DNA and protein had the higher values per mg. The data are also expressed as a ratio of altered versus total structural unit (nucleotide / amino acid), i.e. units incorporating one of the labelled carbons derived from aspartame versus total nucleotides or amino acids. This ratio was obtained by dividing the specific activity found by that of the aspartame in the gavage. The ratios obtained show that the uniformity between protein and DNA was higher than when expressed per unit of weight. Cirrhotic rats showed high liver specific activities, in the same general range as the normal rats did. Roughly, the liver contained about one quarter of its label in "soluble" form, 2/3 in protein and less than 10 % in nucleic acids, with a higher share in DNA than in RNA.

Figure 2 depicts the distribution of label in two thin layer chromatograms, the first showing the label distribution of DNA hydrolysates, from the rats receiving high specific activity aspartame, and the second, run under the same conditions, depicts the location of labelled adenine, guanine and thymine spots. In the DNA hydrolysate, the radioactivity present in the adenine, guanine and thymine spots was nil, since the label was present in another different and distinct spot, which was assumed to correspond to the adduct products of methanol-derived carbon and DNA constitutive bases. The Rf values for the bases and the adduct were quite different: adduct 0.05/0.0 (first run/second run), guanine 0.10/0.22, adenine 0.40/0.43, thymine 0.57/0.49.

The separation through HPLC of the labelled fractions in the DNA hydrolysate resulted in three main peaks, eluting at 7.65, 11.94 and 12.86 min. Thymine eluted at 8.95 min, guanine at 9.42 min and adenine at 12.28 min under the same conditions.

Figure 3 shows the distribution of radioactivity in three thin layer chromatography plates. The first plate shows the label distribution obtained after processing the product of plasma protein hydrolysis from rats treated with high specific activity labelled aspartame. The second plate shows the results of an albumin sample exposed to labelled formaldehyde and ran in parallel with the other samples.

The third plate contains the spot of DNP-methionine. The Rf values for the radioactive spots were: in vivo labelled plasma protein 0.24/0.86 (first run/second run), in vitro labelled albumin: three spots, A 0.02 / 0.0, B 0.38 / 0.0 and C 0.38 / 0.88, DNP-methionine 0.44 / 0.51. The plates were

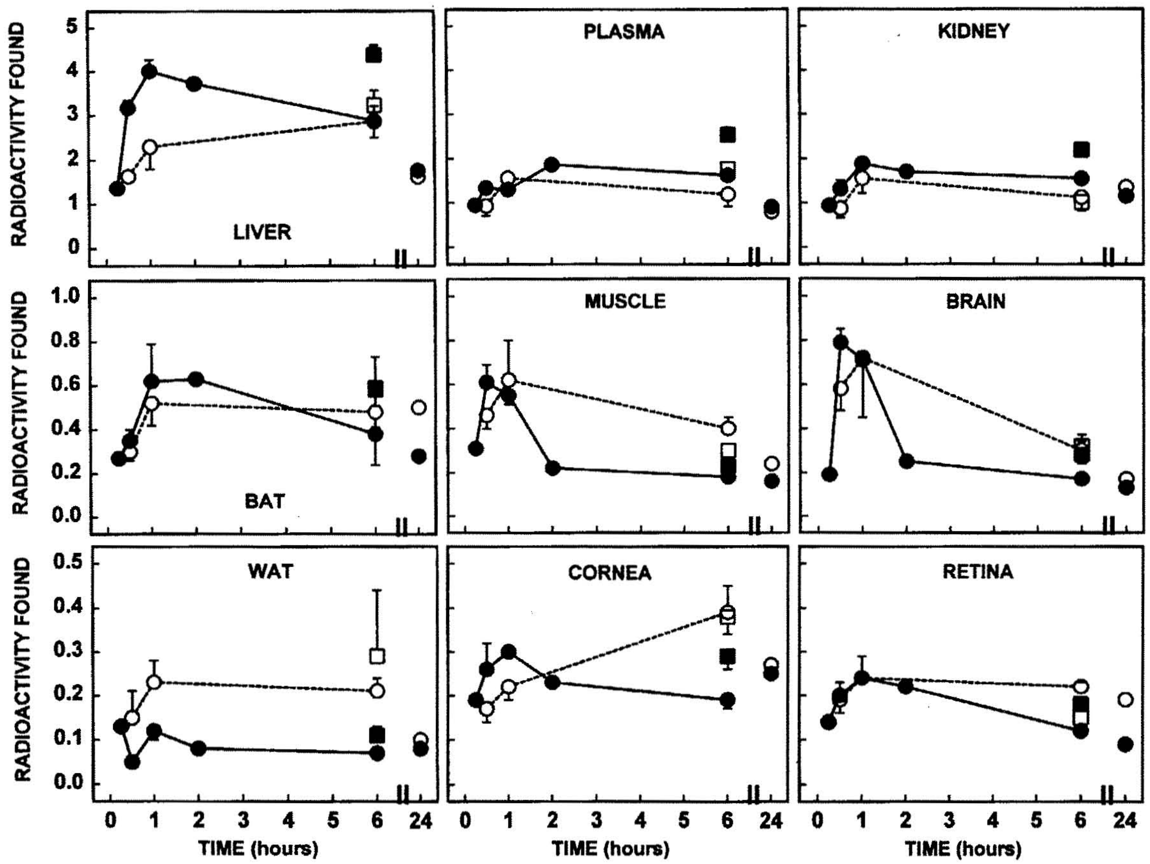


Fig 1

Time course of label presence in several tissues of rats receiving a dose of labelled aspartame.

Black circles: NA group ($N=1_{[15\ min;\ 2,\ 24h]}$, $3_{[30,\ 60\ min]}$, $5_{[6\ h]}$) ; black squares: NC group (N=5); open circles: CA group ($N=1_{[24\ h]}$, $3_{[30\ min;\ 1\ h]}$, $5_{[6\ h]}$) ; open squares: CC group (N=5). BAT = brown adipose tissue (interscapular mass), WAT = white adipose tissue (epididymal fat pads). The amount of label is expressed as thousandths of all the label injected per gram of tissue.

Statistical analysis of the differences between groups. For each tissue/sample the ANOVA-derived P values are given for differences taking into account the group G (cirrhosis versus normal) and time T. Only the significant ($p<0.05$, Student's t test) differences between groups after 6 hours of the gavage are represented for each tissue.

Liver	Plasma	Kidney	BAT	Muscle	Brain	WAT	Cornea	Retina
G: p=0.021	G: p=0.057	**G: p=0.050**	G: p=0.093	G: p=0.111	G: p=0.989	**G: p=0.002**	G: p=0.409	G: p=0.101
T: p= 0.251	**T: p=0.019**	**T: p= 0.011**	T: p= 0.125	T: p= 0.956	**T: p= 0.000**	T: p= 0.343	T: p= 0.364	T: p= 0.081
NA-NC; NC-CC	NA-NC; NC-CC	NA-NC; CA-CC		NA-CA	NA-NC; NA-CA	NA-CA	NA-CA; NA-NC	NA-CA

TABLE II

Specific activity of liver RNA, DNA and protein in rats receiving a high specific activity gavage of labelled aspartame.

Group	units	RNA	DNA	protein
NA	dpm/mg	290±190	730±260	810±100
	unit ratio×10^6	30.4	72.8	27.6
NC	dpm/mg	460±240	2410±740	4310±1660
	unit ratio×10^6	48.3	240.2	146.6
CA	dpm/mg	130±40	980±170	2280±670
	unit ratio×10^6	13.6	97.7	77.2
CC	dpm/mg	350±110	590±140	2520±620
	unit ratio×10^6	36.7	58.8	85.7

The data are the mean of two different animals. The specific activity in dpm/mg refers to mg of RNA, DNA or protein. The expression "unit ratio×10^6" represents the number of units (nucleotides, amino acids) incorporating carbon units derived from oral aspartame per million of molecules of the same kind present in liver tissue.

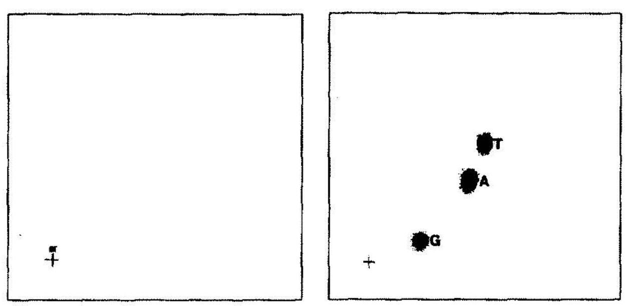


Fig. 2

Distribution of radioactivity in the nucleotides resulting form the hydrolysis of DNA of rats treated with labelled aspartame.

Thin layer chromatograms on cellulose plates showing: the result of the hydrolysis of DNA from rats receiving a high specific activity gavage of aspartame (chromatogram in the left; 25 Bq, 4 days exposure) and standards for adenine A, guanine G and thymine T (chromatogram in the right; 220 Bq each, 1 day exposure)

considerably loaded with sample in order to obtain a minimal radioactivity recording. This resulted in long "tails" and blurred spots. In any case, there was a fair coincidence in one of the spots of in vitro labelled albumin (C) with that observed in the in vivo labelled plasma proteins. The methionine spot was quite different from this one. In addition, the radioactive spot of exposed rat protein (and those of formaldehyde-labelled plasma proteins) were not coincident with any of the standard protein amino acids.

Fig. 3

Distribution of radioactivity in the DNP-amino acids resulting from the hydrolysis of plasma proteins of rats treated with labelled aspartame.
Bidimensional thin layer chromatograms on silicagel plates showing: the spot obtained from hydrolysed plasma proteins of rats treated with labelled aspartame after hydrolysis and derivatization (chromatogram in the left, total about 50 Bq, 4 days exposure), the spots obtained exposing in vitro albumin to labelled formaldehyde, after hydrolysis and derivatization (chromatogram in the center, total about 110 Bq, 4 days exposure) and the spot for labelled DNP-methionine (chromatogram in the left, 180 Bq, 1 day exposure).

Discussion

The lower incorporation of methanol label in most tissues of cirrhotic rats, compared with controls, may be the consequence of reduced liver uptake of substrates, but also the result of a reduced overall metabolic activity in the damaged liver of the rats (44). These effects are clearly reflected by their stunted growth and high mortality rate during the intoxication process, of about 50 % of the rats (36). The relative insignificance of the differences between the normal and cirrhotic groups indicates that the liver is not essential in the process of transfer of aspartame carbon to tissue proteins, i.e. that there is not a direct relationship between the ability to process alcohols and the retention of methanol carbon, bound to tissue components.

The high label presence in plasma and liver is in agreement with the carriage of the label from the intestine to the liver via the portal vein. The high label levels in kidney and, to a minor extent, in brown adipose tissue and brain are probably a consequence of their high blood flows (45). Even in white adipose tissue, the levels of radioactivity found 6 hours after oral administration were 1/25th those of liver. Cornea and retina, both tissues known to metabolize actively methanol (21,28) showed low levels of retained label. In any case, the binding of methanol-derived carbon to tissue proteins was widespread, affecting all systems, fully reaching even sensitive targets such as the brain and retina.

In all groups studied, the label bound found in plasma and tissues corresponds to that injected with aspartame, since there is no other source of radioactivity available. The lack of changes in plasma radioactivity from 1 to 24 h suggests that the half life of this newly added carbon was quite long, thus precluding the possibility that the label detected would simply correspond to unattached methanol. The label bound to plasma proteins was not aspartame either, since the latter is a non-reactive molecular species fully hydrolysed in the intestine (1-2); the peptide never arrived to be in contact with the rat tissues or its components. We were not able to reproduce any direct labelling of protein exposed either to aspartame, methanol nor formic acid.

Most of the label found in the tissues is the result of the formation of formaldehyde or (in smaller proportion in any case, because of its lower reactivity) formate adducts. Methanol is highly volatile and, eventually, its radioactivity could hardly be taken into account, since the counting method already eliminates this possibility. In addition, the stabilized maintenance of the plasma radioactivity levels could not belong to formate nor methanol, since these unattached substrates are easily taken up and oxidized by tissues, filtered by the kidney or even lost through respiration as occurs with short chain volatile alcohols. The shape of the time-course graph representing the changes in tissue label supports the hypothesis assuming that the label is firmly bound at least for 6 hours after administration of aspartame. This behaviour is also found in formaldehyde-protein adducts (31), long lived species difficult to eliminate, in which the protein is denatured and its original function altered.

The transfer of "one-carbon" units from aspartame to plasma and tissue proteins has been known for a time (35). Its nature, and the mechanism of attachment, however, were assumed to be due to the incorporation of the methanol carbon to normal amino acid structures (essentially forming the methyl group of methionine) through the "one-carbon " tetrahydrofolate and S-adenosyl-methionine pathways (35). The lack of radioactivity in the methionine spot from aspartame-treated labelled rat proteins, however, shows that this assumption could no longer be maintained. The finding of other –different– labelled DNP-derivatized amino acid(s) in the exposed protein hydrolysates confirms that the label was not carried into protein through the one-carbon pool metabolism labelling of methionine, i.e. prior to the synthesis of the protein. The coincidence of this labelled DNP-amino acid residue with that obtained from protein experimentally exposed to formaldehyde confirms that the label fixed to rat proteins after labelled aspartame exposure was derived from formaldehyde adducts, and definitely proves that the label in tissue proteins does not correspond to methionine. This agrees with the incorporation of the label into the fully synthesized protein at a remarkably uniform rate of label distribution between different molecular species in spite of their eventually different turnover (synthesis) rates.

The analysis of label distribution in the nucleic acids shows a remarkable uniformity in the specific activities of DNA and protein, with RNA showing somewhat lower values in the same range. This distribution is in agreement with a fairly uniform exposure to the same reacting species, and could not be explained through incorporation of one-carbon pathways into molecules which show widely different half lives, as is the case with the highly recycled RNA and some proteins and long-lived DNA and proteins . The finding of large amounts of label in DNA, higher than in RNA, could be only explained through direct reaction, since its slow turnover would require inordinately long exposure times to achieve the observed specific activities. The additional existence of different labelled bases, probably formed by the binding of formaldehyde and the "normal" bases not coinciding with any of the other bases. The thin layer chromatograms show a single spot, resolved in at least three peaks, none of which coincided with adenine, guanine nor thymine. The lack of label in these spots is incompatible with the "one-carbon" pathways hypothesis of label incorporation, since two "1C" units are needed for the synthesis of adenine and guanine and one for that of thymine. The presence of label in other different molecules strongly supports the adduct formation postulate, attributing to formaldehyde the main responsibility for the appearance of aspartame-methanol label in tissue components.

The evidence presented, then, proves that a significant portion of the methanol carbon of aspartame finds its way into adducts of proteins and nucleic acids under the conditions tested, both in normal and cirrhotic rats. The results presented show that the carbon adducts of protein and DNA could have been generated only from formaldehyde derived from aspartame methanol, since all the other biochemical forms in which this carbon may be found could not produce adducts with protein and nucleic acids.

The doses of aspartame given to the rats in this experiment were high, higher at least than that any human may receive daily with normal consumption of the additive -in the range of 2-6 mg/kg·day (46)-, but were similar to those used in comparable tests on rodents in which no ill-effects were detected. These doses were in the same range as the adi for humans established for Canada and the EC (40 mg/kg·day) (46). The dose administered was also lower than that used for toxicity studies, which have shown that even at very high doses aspartame does not produce immediately appreciable harm (17). Most of these studies, however, refer to direct acute toxicity effects, which were not observed either in the rats used in the present study (except, perhaps, for softer droppings in those subjected to the chronic treatment with aspartame gavages).

The amount of label recovered in tissue components was quite high in all the groups, but especially in the NA rats. In them, the liver alone retained, for a long time, more than 2 % of the methanol carbon given in a single oral dose of aspartame, and the rest of the body stored an additional 2 % or more. These are indeed extremely high levels for adducts of formaldehyde, a substance responsible of chronic deleterious effects (33) that has also been considered carcinogenic (34,47). The repeated occurrence of claims that aspartame produces headache and other neurological and psychological secondary effects -more often than not challenged by careful analysis- (5,9,10,15,48) may eventually find at least a partial explanation in the permanence of the formaldehyde label, since formaldehyde intoxication can induce similar effects (49).

The cumulative effects derived from the incorporation of label in the chronic administration model suggests that regular intake of aspartame may result in the progressive accumulation of formaldehyde adducts. It may be further speculated that the formation of adducts can help to explain the chronic effects aspartame consumption may induce on sensitive tissues such as brain (6,9,19,50). In any case, the possible negative effects that the accumulation of formaldehyde adducts can induce is, obviously, long-term. The alteration of protein integrity and function may needs some time to induce substantial effects. The damage to nucleic acids, mainly to DNA may eventually induce cell death and/or mutations. The results presented suggest that the conversion of aspartame methanol into formaldehyde adducts in significant amounts in vivo should to be taken intoi account because of the widespread utilization of this sweetener. Further epidemiological and long-term studies are needed to determine the extent of the hazard that aspartame consumption poses for humans.

Acknowledgements

This research was carried out within a general study of artificial sweeteners' toxicity supported through the Bosch & Gimpera Foundation, Barcelona. Thanks are given to Robin Rycroft, from the Languages Advisory Service of the University of Barcelona, for revision of the manuscript.

References

1. S.L. BURGERT, D.W. ANDERSEN, K.D. STEGINK, H. TAKEUCHI and H.P. SCHEDL. Metabolism **40** 612-618 (1991)
2. N.M. HOOPER, R.J. HESP and S. TICKER. Biochem. J. **298** 635-639 (1994).
3. W.E. LIPTON, Y.N. LI, M.K. YOUNOSZAI and L.D. STEGINK. Metabolism **40** 1337-1345 (1991).
4. M. KOIVUSALO. *International Encyclopedia of Pharmacology and Therapeutics.* J. Tremolières (Ed.) Vol. **2** Sect. 20, 564-605. Pergamon Press, New York, (1970).
5. S.K. VAN DEN EEDEN, T.D. KOEPSELL, W.T. LONGSTRETH, G. VANBELLE, J.R.

DALING and B. MCKNIGHT. Neurology **44** 1787-1793 (1994).
6. R.J. WURTMAN. New Eng. J. Med. **309** 429-430 (1983).
7. M.M. GARRIGA, C. BERKEBILE and D.D. METCALFE. J. Allerg. Clin. Immunol. **87** 821-827 (1991).
8. R. GEHA, C.E. BUCKLEY, P. GREENBERGER, R. PATTERSON, S. POLMAR, A. SAXON, A. ROHR, W. YANG and M. DROUIN. Clin. Experiment. Allergy **24** 175 (1994).
9. A. KOESTNER. *Aspartame, Physiology and Biochemistry.* L.D. Stegink and L.J.Filer (Eds.), 447-457. Marcel Dekker, New York (1984).
10. H.J. ROBERTS. Clin. Res. **38** A798 (1990).
11. S. SARAVIS, R. SCHACHAR, S. ZLOTKIN, L.A. LEITER and G.H. ANDERSON. Pediatrics **86** 75-83 (1990).
12. H.A. TILSON, J.S. HONG and T.J. SOBOTKA. Neurotoxicol. Teratol. **1** 27-35 (1991).
13. L. TOLLEFSON and R.J. BARNARD. J. Am. Diet. Assn. **92** 598-601 (1992).
14. P.A. SPIERS, D.L. SCHOMER, R.J. WURTMAN, L. SABOUNJIAN, A. REINER, D. MYERS and J. WURTMAN. J. Clin. Exp. Neuropsychol. **15** 407 1993.
15. R.G. WALTON, R. HUDAK and R.J. GREENWAITE. Biol. Psychiat. **34** 13-17 (1993).
16. A. LAJTHA, M.A. REILLY. and D.S. DUNLOP. J. Nutr. Biochem. **5** 266-283 (1994).
17. L.D. STEGINK. Am. J. Clin. Nutr. **46** 204-215 (1987).
18. K.P. PORIKOS and T.B, VAN ITALLIE. *Aspartame, Physiology and Biochemistry.* L.D. Stegink and L.J. Filer (Eds.), 273-286. Marcel Dekker, New York (1984).
19. D.A. BOOTH. *Developments in Sweeteners.* T.H. Grenby (Ed.), Vol.**3** 287-316. Elsevier, London (1987).
20. T.R. TEEPHLY and K.E. MCMARTIN. *Aspartame: Physiology and Biochemistry.* L.D. Stegink and L.J. Filer (Eds.), 111-140. Marcel Dekker, New York (1984).
21. J.T. EELLS, C. RAJANI, T.G. MURRAY, M. LEWANDOWSKI and J.M. BURKE. Invest. Ophthalmol. Vis. Sci. **31** 143 (1990).
22. L.J. FREDERICK, P.A., SCHULTE and A. APOL. Am. Ind. Hyg. Assoc. **45** 51-55 (1984).
23. K.E. MCMARTIN, A.B. MAKAR, G. MARTIN-AMAT, M. PALESE and T.R. TEPHLY. Biochem. Med. **13** 319-333 (1975).
24. J.T.EELLS, K.A. BLACK, C.E. TEDFORD and T.R. TEPHLY. J. Pharmacol. Exp. Ther. **227** 349-353 (1983).
25. K.A. BLACK, T.J. EELLS, P.E. NOKES, C.A. HAWTREY and T.R. TEPHLY. Proc. Nat. Acad. Sci. USA **82** 3854-3858 (1985).
26. C.S. LIEBER and L.M. DE CARLI. Science **162** 917-918 (1968).
27. C.D. BENTON and F.P. CALHOUN. Trans. Am. Acad. Ophthalmol. **56** 875-883 (1952).
28. J.T.EELLS. J. Pharmacol. Exp. Ther. **257** 56-63 (1991).
29. N.H RASKIN and L. SOKOLOFF. J. Neurochem. **19** 273-282 (1972).
30. P. JULIÀ, J. FARRÉS and X. PARÉS. Biochem. J. **213** 547-550 (1983).
31. R.H. HASCHEMEYER and A.E.V. HASCHEMEYER. *Proteins.* 11-30. John Wiley & Sons, New York (1973).
32. D.E. METZLER. *Biochemistry,* 90-107. Academic Press, New York.(1977).
33. H.D. HECK, M. CASANOVA and T.B. STARR. Crit. Rev. Toxicol. **20** 397-426 (1990).
34. A. BLAIR, R. SARACCI, P.A. STEWART, R.B. HAYES and C. SHY. Scad. J. Work Environ. Hlth. **16** 381-393 (1990).
35. J.A. OPPERMANN, E. MULDOON and R.E. RANNEY. J. Nutr. **103** 1454-1459 (1973).
36. F. BLONDÉ-CYNOBER, F. PLASSART, C. REY, C. COUDRAY-LUCAS, N. MOUKARBEL, R. POUPON, J. GIBONDEAU and L. CYNOBER. Ann. Nutr. Metab. **38** 238-248 (1994).
37. K.G. ISHAK, H.J. ZIMMERMAN and B. RAY. Alcoholism **15** 45-66 (1991).

38. S.R. GALLAGHER. *Current Protocols in Molecular Biology*. Vol. **3** A.3D.1-A.3D.8. Wiley, Boston (1996).
39. MM. BRADFORD. Anal.Biochem. **72** 248-254 (1976).
40. A. BENDICH. Meth. Enzymol. **3** 715-723 (1956).
41. A.H. VAN GENNIP, N.G.G.M. ABELING and D. DE KORTE. *Handbook of TLC*. J. Sherma and B. Fried (Eds.). Vol. **55** 863-906. Chromatographic Science Series (1990).
42. G. ALLEN. *Laboratory Techniques in Biochemistry and Molecular Biology*. R.H. Burdan and P.W. van Knippenberg (Eds.)Vol. **9** 40-42. Elsevier, Amsterdam (1989).
43. P. ROCA, A. PALOU and M. ALEMANY. J. Biochem. Biophys. Meth. **8** 63-67 (1983).
44. F. MION, A. GÉLOËN, E. AGOSTO and Y. MINAIRE. Hepatology **23** 582-588 (1996).
45. C. ADÁN, A. ARDÉVOL, X. REMESAR, M. ALEMANY and J.A. FERNÁNDEZ-LÓPEZ. Arch. Int. Physiol. Biochim. Biophys. **102** 55-59 (1994).
46. H.H. BUTCHKO and F.N. KOTSONIS. Nutr. Toxicol. **11** 235-250 (1994).
47. T.D. STERLING and J.J. WEINHAM. Exp. Pathol. **37** 128-132 (1989).
48. J.W. OLNEY, N.B. FARBER, E. SPITZNAGEL and L.N. ROBINS. J. Neuropathol. Exp. Neurol. **55** 1115-1123 (1996).
49. L. BRETHERICK (Ed.) *Hazards in the chemical laboratory*. 3rd. ed., 339. Royal Society of Chemistry, London (1981).
51. T.J. MAHER and R.J. WURTMAN. Hlth. Perspect. **75** 53-57 (1987).

mizuno1-Edgar

From: Shamanoak99@aol.com
Sent: Tuesday, February 12, 2008 8:34 AM
To: HLTtestimony
Subject: Hawaii HB 2680

PLEASE support banning the use of Aspartame (under all it's names!) in foods and medicines!

When Aspartame was introduced as a sweetener in "diet" soda in the early 1980's I began drinking them instead of drinks with sugar or unsweetened drinks. My health began to deteriorate over the next 2 years. I not only continued to drink the Aspartame-laden drinks, but drank more and more of them as time passed. My friends and family joked that I was addicted to them. Looking back, I know that was true. As soon as I took the last drink of one, I was craving the next.

In early 1985, at the age of 32, I collapsed at home and have not been well since. At the time of the collapse, my husband put me to bed where I slept for the next 36 hours. One moment I was "well" and the next I was ill. Though I had become somewhat debilitated over the previous 2-3 years while drinking large quantities of Aspartame-laden soft drinks, after my collapse I was more seriously debilitated still. I continued craving and consuming Aspartame, though, not realizing that it might have anything to do with my steadily increasing physical decline.

When I began using Aspartame, I was a young wife and mother with enough energy and strength to do everything I needed to do in my life. I was, in fact, Super-Mom! I worked full time, went to school, kept house, cooked healthy meals "from scratch", entertained and did a lot of volunteer work. I hiked, swam, played with & taught my two young sons at home. I had a rich social life and traveled as often as possible. I played raquet ball 3 days a week, walked and rode my bicycle, and was active in my sons' activities such as Cub Scouts and sports.

Between 1985 and 1990, my physical decline became more and more pronounced. I cried in the morning while I got ready for work because I didn't know how I would make it through the workday. Then I cried during my lunch break because I was exhausted, weak, ill and in pain. It took an enormous effort to think clearly and maintain the high performance level that I was used to in my work. There were cognitive problems which were harder to accept even than my reduced capacity for physical activity. My husband and children began to get used to me doing less at home. More and more of my volunteer work, social life and physical activities fell away. I became hypersomniac for a year or 2 and then, as if someone had flipped a switch, a period of many years of insomnia began. I struggled through day after day trying to live as normal a life as I could manage. There were periods of weeks and even months at a time where all I could manage was lying in bed or on the sofa while my husband & sons looked after me.

And still I made no connection between Aspartame and my weakened physical state. I was still craving it all the time.

It took five years of struggle after the day I collapsed before my doctor diagnosed me with Chronic Fatigue Immune Dysfunction Syndrome as well as Fibromyalgia and a host of other "secondary" ailments. My list of symptoms was (& still is) two pages long and included cognitive problems as well as physical. And still there was no connection made with any substance in my diet. A physician friend of mine helped me deal with my symptoms and also taught me that my illness probably had a chemical "trigger".

It was not until 1997 that I finally gave up using Aspartame. I had a terrible headache around the clock for the first 2-3 months as well as other symptoms of withdrawal. After beginning to use Aspartame, I had functioned for many years at approximately 10% of my previous physical capacity to perform everyday activities. Today, after 10 years of avoiding Aspartame, I am probably functioning at approximately 40%-50% of what I would consider normal. It has taken me many years and a lot of study and trial and error in making lifestyle changes to be able to function in a way that is as close to "normal" as I may ever achieve again.

Do I believe Aspartame is the cause of my illness? Well, I believe that may be a bit simplistic. There are

000224

probably several factors that had to come together to change my life in such a dramatic way. **BUT I DO BELIEVE ASPARTAME MAY HAVE TRIGGERED MY ILLNESS AND WAS DEFINITELY A MAJOR CONTRIBUTING FACTOR!**

PLEASE do whatever is in your power to remove this poison from our diet!

Thank you!

P.J. Pace
Flagstaff, AZ

(PS..... Just as an anecdotal aside: Last week my roommate purchased a large bottle of ginger ale for me because my stomach had been a bit upset. He inadvertently picked up a bottle of Aspartame-laden "diet" ginger ale instead of the regular sugar-sweetened one. When I said I would not drink it under any circumstance, he said he would drink it instead of throwing it away. He has never drunk diet drinks before. He had 2 glasses..... and a terrible headache. He is not normally prone to headaches. I said maybe it was the Aspartame, so he didn't drink any more. The headache went away. The next day, he had another glass of the ginger ale and the headache began immediately. The remainder of the ginger ale from his glass and from the bottle were poured down the drain & he has not had a headache since.)

000225

Hawaii Dietetic Association
Comments on Aspartame
Hearing on HB 2680
Committee on Health
and
Committee on Human Services & Housing
February 13, 2008

Submitted by Kristine Wallerius Cuthrell, MPH, RD
President-Elect, Hawaii Dietetic Association
Written Comments Only

The Hawaii Dietetic Association is made up of more than 300 members, the majority of whom are Registered Dietitians practicing in our Community in hospitals, public health programs, private practice, academic research facilities, and other settings.

Our comments today relate to HB 2680. The Hawaii Dietetic Association believes that it is the role of credentialed dietetics professionals to advocate for and promote sound, science-based nutrition information to the public, to function as primary nutrition educators to health professionals, and to actively counter and correct food and nutrition misinformation. HB 2680 does not accurately reflect the totality of the science and could have negative ramifications on those people in our state who rely upon low-calorie sweeteners to aid in managing their weight or health conditions.

Aspartame is a calorie-free alternative to sugar and other caloric sweeteners. Its safety has been confirmed repeatedly in peer-reviewed research, not only by health experts, scientists and government agencies in our country, but around the world. It is a simple ingredient that is made of the same components as in the foods we eat and drink each day. For diabetics and for any individual limiting their calorie intake for health reasons, taking away a tool that aids in this effort is not justified by scientific evidence. Individuals who feel that aspartame is not a healthy choice for them are free to make the choice not to consume aspartame or foods containing aspartame, which are clearly labeled as containing this ingredient.

The HDA believes that consumers can safely enjoy a range of nutritive and nonnutritive sweeteners when consumed in a diet that is guided by current federal nutrition recommendations, such as the Dietary Guidelines for Americans and the Dietary References Intakes, as well as individual health goals. As dietetics professionals, we seek to provide consumers with science-based information about sweeteners and support research on the use of sweeteners to promote eating enjoyment, optimal nutrition and health. At present, we are facing an obesity epidemic, and it is critical that we not take away this simple tool that can help individuals manage their calorie intake.

We commend the Committee on Health and the Committee on Human Services and Housing for your interest in improving the health of Hawaii's citizens. The Hawaii Dietetic Association and our members look forward to working with you to provide consumers with science-based information about the role nutritive and nonnutritive sweeteners can play in a healthy diet.

mizuno1-Edgar

From: Sharon Bailey [sharonbailey5@yahoo.com]
Sent: Tuesday, February 12, 2008 9:31 AM
To: HLTtestimony
Subject: Aspartame Adverse Reaction Testimony

hlttestimony@capitol.hawaii.gov

Aspartame Adverse Reactions

I drank 2 liters of Diet Coke daily for 20 years.
I had many neurological problems develop.
All symptoms stopped after avoiding aspartame, although it is impossible to avoid when eating at restaurants since it is in more and more foods.

Now the smallest amount of aspartame causes major reactions, especially # 1,2,6,& 7 below.

1. Mini seizures
2. Inability to speak correctly - can only say one syllable at a time with stuttering. Sometime tongue feels swollen and I can't use it right.
3. Muscle twitches over whole body ... 30 per minute sometimes
4. Neuralgia (trigeminal nerve in face) occurs immediately after consuming heated aspartame (ie. carmel sauce containing aspartame) Feels like someone stabbed me in my temple.
5. Vision became blurry and extremely light sensitive
6. Inability to use arms & legs properly.
7. Swelling of brain near brainstem
8. Tennitis (ringing in ears)
9. Heart palpatations & arrythmea

Symptoms lasted about 30-60 minutes after consuming the aspartame poison.

America should not tolerate genocide of it's citizens!!!!

Sharon Bailey
21512 Montgomery Street
Hayward, CA 94541

000227

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 9:40 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11% of aspartame], BM Kapur, PL Carlen

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11% of aspartame], BM Kapur, PL Carlen, DC Lehotay, AC Vandenbroucke, Y Adamchik, U. of Toronto, 2007 Dec., Alcoholism Cl. Exp. Res.: Murray 2007.11.27 [actually, a fairly complete review of recent developments...]
http://rmforall.blogspot.com/2007_11_01_archive.htm
Wednesday, November 27, 2007
http://groups.yahoo.com/group/aspartameNM/message/1495

The aspartame content of two liters diet soda, 5.6 12-oz cans, is 1,120 mg, releasing 11 % as 123 mg methanol.

Usually, there is not a concurrent larger amount of ethanol taken, which would prevent the production of formaldehyde.

So, the methanol from any aspartame is quickly turned into formaldehyde.

An expert review by a competent, unbiased team led by M. Bouchard, 2001, cites references, many from aspartame industry funded studies, states that about 30 - 40 % of the methanol remains in the body as unknown, durable reaction products.

http://www.faslink.org/Formic%20Acid%20Kapur.htm

Brief Summary:

Methanol in small amounts is present along with ethanol in beverage alcohol. [Murray: and about the same amounts from aspartame diet sodas]

The body's natural enzymes preferentially metabolize ethanol while methanol breaks down into highly neurotoxic Formic Acid.

Use of high levels of Folic Acid was found to inhibit brain damage caused by the methanol.

The use of Folic Acid during pregnancy has been recommended for several years to prevent neural tube defects.

However, this study indicates that even higher levels of Folic Acid can be very beneficial to the developing baby, particularly where alcohol exposure is a factor.

Folic Acid is mandated as an additive to all flour sold in Canada.

The debate has begun on its required addition to all beverage alcohol to help mitigate damage caused to both infants and adults.

000228

Formic Acid in the Drinking patient and the expectant mother Dr. Bhushan M. Kapur

Departments of Laboratory Medicine, St. Michael's Hospital , Toronto, Ontario, Canada

Abstract

Methanol is produced endogenously in the pituitary glands of humans and is present as a congener in almost all alcoholic beverages.

Ethanol and methanol are both bio-transformed by alcohol dehydrogenase; however, ethanol has greater affinity for the enzyme.

Since ethanol is preferentially metabolized by the enzyme, it is not surprising that trace amounts of methanol, most likely originating from both sources, have been reported in the blood of people who drink alcohol.

Toxicity resulting from methanol is very well documented in both humans and animals and is attributed to its toxic metabolite formic acid.

To understand ethanol toxicity and Fetal Alcohol Spectrum Disorders, it is important to consider methanol and its metabolite, formic acid, as potential contributors to the toxic effects of alcohol.

Accumulation of methanol suggests that alcohol-drinking population should have higher than baseline levels of formic acid.

Our preliminary studies do indeed show this.

Chronic low-level exposure to methanol has been suggested to impair human visual functions.

Formic acid is known to be toxic to the optic nerve.

Ophthalmological abnormalities are a common finding in children whose mothers used alcohol during pregnancy.

Formic acid, a low molecular weight substance, either crosses the placenta or may be formed in-situ from the water soluble methanol that crosses the placenta.

Embryo toxicity from formic acid has been reported in an animal model.

To assess neurotoxicity we applied low doses of formic acid to rat brain hippocampal slice cultures.

We observed neuronal death with a time and dose response.

Formic acid requires folic acid as a cofactor for its elimination.

Animal studies have shown that when folate levels are low, the elimination of formic acid is slower and formate levels are elevated.

When folic acid was added along with the formic acid to the brain slice cultures, neuronal death was prevented.

Therefore, folate deficient chronic drinkers may be at higher risk of organ damage.

Women who are folic acid deficient and consume alcohol may have higher levels of formic acid and should they become pregnant, their fetus may be at risk.

To our knowledge low level chronic exposure to formic acid and its relationship to folic acid in men or women who drink alcohol has never been studied.

Our hypothesis is that the continuous exposure to low levels of formic acid is toxic to the fetus and may be part of the etiology of Fetal Alcohol Spectrum Disorders.

http://www.blackwell-synergy.com/doi/abs/10.1111/j.1530-0277.2007.00541.x 000229

Alcoholism: Clinical and Experimental Research Volume 31 Issue 12 Page 2114-2120, December

2007

Bhushan M. Kapur, b.kapur@utoronto.ca,
Arthur C. Vandenbroucke, PhD, FCACB
Yana Adamchik,
Denis C. Lehotay, dlehotay@health.gov.sk.ca, Peter L. Carlen carlen@uhnres.utoronto.ca,
(2007) Formic Acid, a Novel Metabolite of Chronic Ethanol Abuse, Causes Neurotoxicity, Which Is Prevented by Folic Acid
Alcoholism: Clinical and Experimental Research 31 (12), 2114-2120.
doi:10.1111/j.1530-0277.2007.00541.x

From:
the Department of Clinical Pathology (BMK), Sunnybrook Health Science Centre, Division of Clinical Pharmacology and Toxicology, The Hospital for Sick Children, Toronto, Ontario, Canada;

St. Michael's Hospital (ACV), Toronto, Canada; Department of Laboratory Medicine and Pathobiology (BMK, ACV), Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada;

Departments of Medicine (Neurology) and Physiology (YA, PLC), Toronto Western Research Institute, University of Toronto, Toronto, Ontario, Canada;

and University of Saskatchewan (DLC), Saskatchewan, Canada.

Reprint requests: Dr. Bhushan M. Kapur, Department of Clinical Pathology, Sunnybrook Health Science Centre, 2075 Bayview Ave, Toronto, Ontario, M4N 3M5, Canada; Fax: 416-813-7562; E-Mail:
k.kapur@utoronto.ca,

Abstract

Background: Methanol is endogenously formed in the brain and is present as a congener in most alcoholic beverages.

Because ethanol is preferentially metabolized over methanol (MeOH) by alcohol dehydrogenase, it is not surprising that MeOH accumulates in the alcohol-abusing population.

This suggests that the alcohol-drinking population will have higher levels of MeOH's neurotoxic metabolite, formic acid (FA).

FA elimination is mediated by folic acid.

Neurotoxicity is a common result of chronic alcoholism.

This study shows for the first time that FA, found in chronic alcoholics, is neurotoxic and this toxicity can be mitigated by folic acid administration.

Objective:
To determine if FA levels are higher in the alcohol-drinking population and to assess its neurotoxicity in organotypic hippocampal rat brain slice cultures.

Methods:
Serum and CSF FA was measured in samples from both ethanol abusing and control patients, who presented to a hospital emergency department.

FA's neurotoxicity and its reversibility by folic acid were assessed using organotypic rat brain hippocampal slice cultures using clinically relevant concentrations.

Results:
Serum FA levels in the alcoholics
(mean ± SE: 0.416 ± 0.093 mmol/l, n = 23) were significantly higher than in controls (mean ± SE: 0.154 ± 0.009 mmol/l, n = 82) ($p < 0.0002$).

FA was not detected in the controls' CSF (n = 20), whereas it was >0.15 mmol/l in CSF of 3 of the 4 alcoholic cases.

Low doses of FA from 1 to 5 mmol/l added for 24, 48 or 72 hours to the rat brain slice cultures caused neuronal death as measured by propidium iodide staining.

When folic acid (1 micromol/l) was added with the FA, neuronal death was prevented.

Conclusions:
Formic acid may be a significant factor in the neurotoxicity of ethanol abuse.
This neurotoxicity can be mitigated by folic acid administration at a clinically relevant dose.

http://www.uhnresearch.ca/researchers/profile.php?lookup=801

Peter L Carlen, FRCPC, MD
Head, Division of Fundamental Neurobiology Toronto Western Research Institute (TWRI)

Senior Scientist, Division of Fundamental Neurobiology Toronto Western Research Institute (TWRI)

Keywords: stroke, gap junctions, synaptic transmission, mitochondria, calcium chelators, whole cell patch clamp recordings, fluorescence imaging, epilepsy, dementia, fetal alcohol syndrome, brain state classification

Research Interests:
Mechanisms of neural synchrony and entrainment (epilepsy), and neurodegenerative processes

* In collaboration with Drs. Bhushan Kapur, James Reynolds and James Brien, we are examining the role of formic acid in the causation of the brain damage in the fetal alcohol spectrum disorder and its rescue by folate.

Peter L Carlen
Mailing Address
Primary Office
Toronto Western Hospital, McLaughlin Pavilion, 12th Floor Rm. 413
399 Bathurst St., Toronto, Ontario Canada M5T 2S8 Email carlen@uhnres.utoronto.ca, Phone Numbers 416.603.5800 x5044

http://www.clinpharmtox.utoronto.ca/Page60.aspx

http://www.medicalnewstoday.com/articles/45698.php

Queen's-led Network Looks At FAS Aiming To Minimize Life-long Learning Problems Main Category: Pregnancy / Obstetrics News Article Date: 24 Jun 2006 - 12:00 PDT

For the first time researchers are testing to see whether fetal exposure to methanol, a contaminant found in many alcoholic beverages, plays an important role in causing the life-long learning and behavioural problems associated with Fetal Alcohol Spectrum Disorders (FASD).

By understanding fetal brain injury caused by exposure to methanol and related toxins, an emerging team of researchers is laying the groundwork for potential new therapeutic interventions to protect fetuses at risk for FASD.

"The main goal will always be prevention of FASD," says lead researcher James Reynolds, Queen's University professor of Toxicology and Pharmacology, "but we also have to develop strategies to minimize injury to the developing fetus and individualize earlier therapeutic interventions for children with pre-natal exposure to alcohol."

The interdisciplinary research team, which also includes James Brien and Doug Munoz from Queen's, Peter Carlen (University Health Network), Bhushan Kapur (Sunnybrook Hospital) and Brenda Stade (St. Michael's Hospital) from Toronto, received just under $1.5 million dollars in funding from the Canadian Institutes of Health Research.

The Queen's researchers have found that simple eye movement tasks can be used to assess brain function in children with FASD. Since this technology is portable, the researchers plan to travel across the country to bring the research program into affected communities.

"It's estimated that the incidence of FASD is about one per cent in the general population," Dr. Reynolds says, "but there are regions and communities in this country where the population affected by FASD increases dramatically."

Using blood samples from at risk mother-baby pairs, the Toronto team members hope to identify biological markers that may predict brain injury in the child. At risk babies will be tracked for 24 months following birth so researchers can identify early signs of FASD and develop aggressive therapeutic interventions at earlier stages to minimize the effects on a child's development.

To understand the underlying mechanisms of this novel hypothesis of FASD, the Toronto team members are studying the effects of formic acid and folic acid on the biological functions and survival of neurons in isolated brain tissue. In parallel studies, the Kingston team will assess the efficacy of folic acid supplementation as a potential therapeutic intervention in preventing FASD.

For these researchers, an exciting opportunity has been created by linking this study with Queen's University's state-of-the-art Magnetic Resonance Imaging (MRI) facility. New experimental procedures being developed at Queen's will link eye movement tasks to MRI images of the brain, creating an objective and much more specific way to evaluate brain function. By isolating individual brain responses, FASD researchers hope to gain greater insight into the underlying brain injury caused by prenatal exposure to alcohol, leading to more specific intervention therapies designed to minimize the affects of FASD.

"Not all children exposed to alcohol during prenatal life develop FASD," adds Dr. Reynolds. "There are other contributing factors including genetic predisposition and nutrition during gestation that make important contributions to the ultimate outcome. We need a way to identify the different sub-groups within the FASD spectrum. This research will help us develop the standardized tools we need to evaluate and treat children with FASD."

Article adapted by Medical News Today from original press release.

Contacts:
Lorinda Peterson, 613-533-3234, lorinda.peterson@queensu.ca, Nancy Dorrance, 613-533-2869, dorrance@post.queensu.ca,

Contact: Lorinda Peterson

name: James N Reynolds
email: jnr@queensu.ca,
phone: 613 533 6946
campus_extension: 36946
department: Pharmacology and Toxicology
type: Faculty

name: James F Brien
email: brienj@queensu.ca,
phone: 613 533 6114
campus_extension: 36114
department: Pharmacology and Toxicology, School of Medicine, Psychiatry
type: Faculty

Dr. Douglas P. Munoz doug@eyeml.queensu.ca, Canada Research Chair in Neuroscience Director, Centre for Neuroscience Studies Professor of Physiology and Psychology Member, CIHR Group in Sensory-Motor Systems Queen's University, Kingston, Ontario, Canada K7L 3N6
Phone: (613) 533-2111 Fax: (613) 533-6840

Dr. Brenda Stade St. Michael's Hospital Fetal Alcohol Spectrum Disorder Diagnostic Clinic
61 Queen Street Toronto, Ontario M5B 1W8
Tel: (416) 867- 3655 stadeb@smh.toronto.on.ca,

http://www.faslink.org/toc2.htm

000232

Rich Murray, MA Room For All rmforall@comcast.net

505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

000233

mizuno1-Edgar

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 9:56 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: possible neurologic effects of aspartame, TJ Maher, RJ Wurtman, Environ. Health Persp. 1987 Nov, full text: other seizure reports

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

possible neurologic effects of aspartame, TJ Maher, RJ Wurtman, Environ. Health Persp. 1987 Nov, full text: other seizure reports re aspartame, methanol, formaldehyde, formic acid: Murray 2008.01.10 http://rmforall.blogspot.com/2008_01_01_archive.htm Thursday, January 10, 2008
http://groups.yahoo.com/group/aspartameNM/message/1501

Seizures and hyponatremia after excessive intake of diet coke, LJ Mortelmans, M Van Loo, HG De Cauwer, K Merlevede, Klina General Hospital, Brasschaat, Belgium, EJEM 2008 Feb:
Mark D. Gold critique:
Murray 2008.01.10
http://rmforall.blogspot.com/2008_01_01_archive.htm
Thursday, January 10, 2008
http://groups.yahoo.com/group/aspartameNM/message/1502

Eur J Emerg Med. 2008 Feb; 15(1): 51.
Seizures and hyponatremia after excessive intake of diet coke.
Mortelmans LJ, Luc.mortelmans@klina.be, Van Loo M, De Cauwer HG, haralddecauwer@hotmail.com, Merlevede K. Karen.Merlevede@klina.be, Departments of a Emergency Medicine b Neurology, Klina General Hospital, Brasschaat, Belgium.

We describe a case of epileptic seizures after a massive intake of diet coke.

Apart from the hyponatremia due to water intoxication the convulsions can be potentiated by the high dose of caffeine and aspartame from the diet coke.

To our knowledge this is the first report of seizures due to excessive diet coke intake.
PMID: 18180668

http://groups.yahoo.com/group/aspartameNM/message/31
aspartame & seizures, 3 cases, RJ Wurtman, Lancet 1985.11.09: Murray 1999.10.30

Wurtman RJ
Aspartame: possible effect on seizure susceptibility.
Lancet 1985 Nov 9; 2(8463): 1060.
Richard J. Wurtman, Ph.D. dick@mit.edu 617-253-3091 Professor of Neuroscience Director of the Clinical Research Center, Prof. of Health Sciences and Technology Massachusetts Institute of Technlogy Cambridge, Mass. 02139

Richard J. Wurtman letter to the editor of The Lancet, November 9, 1985.

Aspartame: possible effect on seizure susceptibility

000234

Sir,

Aspartame, a sweetener in many diet beverages, contains phenylalanine but, unlike dietary

proteins, lacks other neutral amino acids that compete with phenylalanine for uptake into the brain.
(1-3)

Hence, its consumption causes unique modifications in the plasma amino acid pattern (3) which, in man, might be expected to increase brain phenylalanine levels (especially when carbohydrates are eaten concurrently) (2,3) and thereby affect catecholamine or serotonin synthesis. (4,5)

Since diminished brain monoamine levels have been related to depressed seizure thresholds in animal preparations, (6) very high aspartame doses might also affect the likelihood of seizures in symptomless but susceptible people.

Brief descriptions follow of three previously healthy adults who had grand mal seizures during periods when they were consuming such doses.

A 42-year-old secretary who drank four quarts (3-3/4 litres), of "Diet Coke" and almost the same amount of "LiteLine" lemonade daily became "moody" with weekly episodes of headache and nausea, visual hallucinations, feelings of deja-vu, and, ultimately, a grand mal seizure.

There was "no evidence for an underlying structural abnormality to account for her temporal lobe epilepsy."

During her 9 days in hospital she took no diet drinks and, for the first time in months, had no headaches; they recurred when she resumed the diet drinks at home and disappeared when she again discontinued the diet drinks.

A 27-year-old programmer with no neurological history had nocturnal episodes of twitching movements and abnormal breathing, and, ultimately, a severe headache followed by a grand mal seizure.

Phenytoin suppressed further seizures, but the other symptoms persisted until he discontinued his daily intake of four or five glasses of "Crystal Light"; its subsequent resumption was followed by the return of nocturnal "twitching, trembling, jerking, and hyperventilating."

All laboratory tests were normal except the electroencephalogram, which showed a grade one arrhythmia.

A 36-year-old professor who drank 900 ml or more of aspartame-sweetened iced tea daily had a grand mal seizure in bed.

Angiography demonstrated a left posterior frontal venous angioma, adjudged an "incidental finding."

Such case-reports can only suggest an association between aspartame and seizures, since the size and the seizure incidence (without aspartame) of the population at risk (young adults who sometimes consume large amounts of aspartame) are unknown.

However,the reports are compatible with evidence (3,5) that high aspartame doses may produce neurochemical changes that, in laboratory animals, are associated with depressed seizure thresholds. (6)

It thus seems prudent for physicians to inquire about aspartame consumption and other aspects of dietary history in evaluating patients with unexplained seizures.

Interpreting their responses will require that the labels on food products indicate not only the presence of the sweetener but also the actual amounts that the foods or beverages contain.

Massachusetts Institute of Technology,
Cambridge, Massachusetts 02139, USA
Richard J. Wurtman

000235

1. Pardridge WM.
Regulation of amino acid availability to the brain.

In: Wurtman RJ, Wurtman JJ, eds. Nutrition and the brain: Vol 1.
New York: Raven Press, 1977: 141-204.

2. Wurtman RJ.
Neurochemical changes following high-dose aspartame with dietary carbohydrates.
New Engl J Med 1983; 309: 429-30.

3. Yokogoshi H, Roberts C, Caballero B, Wurtman RJ.
Effects of aspartame and glucose administration on brain and plasma levels of large neutral amino acids and brain 5-hydroxyindoles.
Am J Clin Nutr 1978; 40: 1-7.

4. Fernstrom JD, Faller DT.
Neutral amino acids in the brain:
changes in response to food ingestion.
Am J Neurochem 1978; 30: 1531-38.

5. Pardridge WM.
Potential effects of the dipeptide sweetener aspartame on the brain.
In: Wurtman RJ, Wurtman JJ, eds.
Nutrition and the brain: Vol VII.
New York: Raven Press (in press).

6. Jobe PC, Ko KH, Dailey JW.
Abnormalities in norepinephrine turnover rate in the central nervous system of the genetically epilepsy-prone rat.
Brain Res 1984; 290: 357-60.

http://www.dorway.com/doctors.html

Letters to the Editor
The Lancet
September 13, 1986

Panic attacks and excessive aspartame ingestion

Sir,

The artificial sweetener aspartame has been alleged to cause seizures(1) and neuropsychiatric symptoms(2) in large doses.

I have observed the precipitation by aspartame abuse of panic attacks in a previously symptomless patient with mitral valve prolapse, the association of which with anxiety disorder and panic attacks is controversial.(3)

The effects of aspartame on brain amines(4, 5) support the role of catecholamines in panic attacks and suggest that persons with mitral valve prolapse may have an exaggerated sensitivity to aspartame excess.

A 33-year-old cook had been found incidentally to have a mid-systolic click and murmur.

She had smoked two packs of cigarettes per day for several years, and daily consumed one or two cups of coffee and six to twelve cans of diet cola sweetened with aspartame.

When she was transferred to a different and very hot kitchen her consumption of diet cola went up to about twenty cans per day.

Within a week she began to feel persistently "shaky" at home and at work, and then had paroxysms of dizziness, diaphoresis, chest tightness, dyspnoea, claustrophobia, and the intense feeling that "something was about to happen" to her or that she "would die any minute."

Physical examination was normal except for click and murmur, and neurological examination was intact.

Laboratory studies, including thyroid function tests, electrocardiogram, and electroencephalogram, were normal.

A two-dimensional echocardiogram confirmed mitral valve prolapse.

She decreased her smoking by half and stopped drinking coffee, but the attacks continued daily until she reduced her intake of diet cola to two or three cans per day, at which time they subsided.

She could not maintain this moderate consumption, however, and after one week rapidly returned to her former level of intake, whereupon the daily attacks returned.

She changed to several brands of diet soft drink which contained no caffeine but the symptoms persisted.

With the aid of a behaviour modification programme she was able to reduce her daily consumption of such beverages to two or three cans, and has subsequently had relief from her symptoms.

This patient had asymptomatic mitral valve prolapse but experienced typical panic attacks when consuming excessive amounts of aspartame-sweetened soft drinks, the attacks subsiding when she reduced her aspartame consumption.

She also smoked and drank coffee, so nicotine and caffeine may have played a part, but moderation of these was not effective while attacks subsided with reduction of cola intake.

Her panic attacks may well have been predisposed by mitral valve prolapse and precipitated by aspartame excess, which suggests that people with mitral valve prolapse may have an exaggerated susceptibility to aspartame and possibly to other stimulants as well.

Wurtman reported three patients, consuming more than a gallon of aspartame-sweetened tea daily, who experienced generalized seizures, although at least one patient was significantly hyponatraemic and may have had seizures on that basis.

A seizure followed by mania was described in a patient with bipolar affective disorder who consumed a gallon of aspartame-sweetened tea per week; the role of the patient's underlying affective disorder, as well as psychotropic medications, is not clear.

Administration of aspartame and carbohydrate increases brain tyramine content and suppresses the postprandial increase of tryptophan; this might have a catecholamine-augmenting and stimulant effect, as could the large increase in phenylalanine shown in rat brain after an aspartame load.

It is unclear how this might cause seizures, but the precipitation of cardiovascular and psychological features of anxiety is consistent with evidence that catecholamines play a part in pathogenesis of panic attacks and that adrenergic blockade is useful in their treatment.

Mitral valve prolapse and panic symptoms are both common and may overlap, but patients with mitral valve prolapse may be predisposed to panic symptoms under the influence of stimulants and adrenergic agonists and so may be unusually susceptible to the effects of excessive aspartame.

There is no evidence that aspartame is harmful in usual amounts, but perhaps patients with mitral valve prolapse should be cautioned against immoderate use.

Simultaneous consumption of large amounts of carbohydrates and aspartame, a common practice in snack eating today, should also be avoided.

Department of Neurology,
Ohio State University College of Medicine, Columbus, Ohio 43210, USA

Miles E. Drake

000237

(1) Wurtman, R.J.

Aspartame: possible effect on seizure susceptibility.
Lancet, 1985; iii: 1060.

(2) Walton, R.G.
Seizure and mania after high intake of aspartame.
Psychosomatics, 1986; 27: 218-20.

(3) Boudoulas, H., King, B.D., Wooley, C.F.
MVP: a marker for anxiety or overlapping phenomenon?
Psychopathology, 1984; 17(suppl 1): 98-106.

(4) Stegink, L.D. , Filer, L.J., Baker, G.L.
Effect of aspartame loading upon plasma and erythrocyte amino acid levels in PKU heterozygotes and normal adult subjects.
J Nutr, 1979; 109: 708-17.

(5) Wurtman, R.J.
Neurochemical changes following high-dose aspartame with dietary carbohydrates. N Engl J Med, 1983: 309: 429-30.

Clin Toxicol (Phila). 2006; 44(1): 89-90.
Methanol neurotoxicity.
Salzman M.
Drexel University College of Medicine, Emergency Medicine Control, Philadelphia, PA, USA.
matthew.s.salzman@drexel.edu,
PMID: 16496501

J Toxicol Clin Toxicol. 1998; 36(3): 175-81.
Prognostic factors in patients with methanol poisoning.
Liu JJ, Daya MR, Carrasquillo O, Kales SN.
Department of Internal Medicine, Mayo Clinic Rochester, MN 55906, USA.
liu.julia@mayo.edu,

OBJECTIVE:
To identify prognostic factors in methanol poisoning and determine the effect of medical interventions on clinical outcome.

METHODS:
Retrospective review of all patients treated for methanol poisoning from 1982 through 1992 at The Toronto Hospital.

Presenting history, physical examination, results of laboratory tests, medical interventions, and final outcomes after hemodialysis were abstracted.

RESULTS:
Of 50 patients treated for methanol poisoning, 18 (36%) died, 32 (64%) survived.

Seven of the 32 survivors sustained visual sequelae (22%), the remaining 25 (78%) recovered completely.

Patients presenting with coma or seizure had 84% (16/19) mortality compared to 6% (2/31) in those without ($p < 0.001$).

Initial arterial pH < 7 was also associated with significantly higher mortality (17/19, 89% vs 1/31, 3%, $p < 0.001$).

There were no differences in time from presentation to dialysis between survivors and fatalities
(8.4 ± 3.6 vs 7.6 ± 3.5 hours, $p = 0.47$).

The deceased patients had higher mean methanol concentration than the survivors (83 ± 53 vs 41 ± 25 mmol/L, $p = 0.004$).

000238

Subgroup analysis of 19 patients presenting with visual symptoms who survived showed

prolonged acidosis (5.4 ± 2.3 vs 3.0 ± 2.1 hours, $p = 0.06$) in those with persistent visual sequelae.

CONCLUSIONS:
Coma or seizure on presentation and severe metabolic acidosis, in particular initial arterial pH < 7, are poor prognostic indicators in methanol poisoning.

Survivors presented with lower methanol concentrations.

Patients with residual visual sequelae had more prolonged acidosis than those with complete recovery.

Future studies will be needed to confirm the effect of correction of acidosis on final clinical outcome. PMID: 9656972

Heart Lung. 1992 May; 21(3): 260-4.
Acute methanol poisoning: a case study.
King L.
School of Nursing, University of California, Los Angeles.

Acute methanol poisoning produces severe anion gap metabolic acidosis caused by the toxic accumulation of metabolites, primarily formic acid.

Formic acid produces serious neurologic sequelae.

Therefore, an understanding of the mechanism of toxicity, treatment, and clinical course is essential in preventing permanent neurologic dysfunction.

Prompt recognition and treatment are the keys to successful patient outcomes.

This article presents a case report of a patient with severe methanol poisoning with clinical course, treatment, and outcome.
PMID: 1592617

Can J Neurol Sci. 1989 Nov; 16(4): 432-5.
Methanol poisoning: factors associated with neurologic complications.
Anderson TJ, Shuaib A, Becker WJ.
Department of Internal Medicine,
University of Calgary, Alberta, Canada.

Hospital records of thirty patients with methanol poisoning were studied.

Neurologic manifestations at presentation including coma, seizures and decreased visual acuity were seen in nineteen patients.

The mean blood pH at presentation was significantly lower in the patients with these neurologic signs and symptoms than in the eleven patients without them (p less than 0.05).

Methanol levels at presentation tended to be higher in patients with neurologic manifestations at presentation and these patients tended to present later after methanol ingestion than those patients without neurologic manifestations.

Fifteen patients with methanol poisoning developed serious neurologic sequelae or died.

The mean blood pH was significantly lower in this patient group than in those who survived without neurologic sequelae (p less than 0.05).

Methanol levels at presentation were not different in the patients who developed neurologic sequelae or died as compared to those who did not.

The time from ingestion of methanol to presentation at the hospital was however significantly longer in those patients who developed neurologic sequelae or died (p less than 0.05).

Initiation of treatment within eight hours of ingestion of methanol 000239 was associated with a better clinical outcome. PMID: 2804806

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

mizuno1-Edgar

From: Sharon Bailey [sharonbailey5@yahoo.com]
Sent: Tuesday, February 12, 2008 9:30 AM
To: HLTtestimony
Subject: Aspartame Adverse Reaction Testimony

hlttestimony@capitol.hawaii.gov

Aspartame Adverse Reactions

I drank 2 liters of Diet Coke daily for 20 years.
I had many neurological problems develop.
All symptoms stopped after avoiding aspartame, although it is impossible to avoid when eating at restaurants since it is in more and more foods.

Now the smallest amount of aspartame causes major reactions, especially # 1,2,6,& 7 below.

1. Mini seizures
2. Inability to speak correctly - can only say one syllable at a time with stuttering. Sometime tongue feels swollen and I can't use it right.
3. Muscle twitches over whole body ... 30 per minute sometimes
4. Neuralgia (trigeminal nerve in face) occurs immediately after consuming heated aspartame (ie. carmel sauce containing aspartame) Feels like someone stabbed me in my temple.
5. Vision became blurry and extremely light sensitive
6. Inability to use arms & legs properly.
7. Swelling of brain near brainstem
8. Tennitis (ringing in ears)
9. Heart palpatations & arrythmea

Symptoms lasted about 30-60 minutes after consuming the aspartame poison.

America should not tolerate genocide of it's citizens!!!!

Sharon Bailey
21512 Montgomery Street
Hayward, CA 94541

000241

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 10:24 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: Direct and indirect cellular effects of aspartame on the brain, Humphries P, Pretorius E, Naude H, U. Pretoria, South Africa, Eur J Clin Nutr. 2007 Aug 8: Murray 2007.08.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

Direct and indirect cellular effects of aspartame on the brain, Humphries P, Pretorius E, Naude H, U. Pretoria, South Africa, Eur J Clin Nutr. 2007 Aug 8: Murray 2007.08.12
http://groups.yahoo.com/group/aspartameNM/message/1463

"The aim of this study was to discuss the direct and indirect cellular effects of aspartame on the brain, and we propose that excessive aspartame ingestion might be involved in the pathogenesis of certain mental disorders (DSM-IV-TR 2000) and also in compromised learning and emotional functioning."

[See also:
http://groups.yahoo.com/group/aspartameNM/message/1462
NutraSweet Co. will retail in October NutraSweet (aspartame) label with Domino Foods partnership, and plans saccharin, "natural-based", and sucralose products, Mike Hughlett, Chicago Tribune: Michael S.
Dell via his MSD Capital has huge investment in aspartame competitor Merisant, while his fine foundation lavishly funds research on kid health: Murray 2007.08.11

Might Michael and Susan Dell be the first American executives to join the leaders of all the leading supermarket chains in the United Kingdom who banned aspartame, MSG, and other dietary neurotoxins this May?]

Eur J Clin Nutr. 2007 Aug 8; [Epub ahead of print] Direct and indirect cellular effects of aspartame on the brain.

Humphries P,
Pretorius E, resia.pretorius@up.ac.za;
Naude H.
[1] Department of Anatomy, University of Pretoria, Pretoria, Gauteng, South Africa [2] Department of Anatomy, University of the Limpopo, South Africa.

The use of the artificial sweetener, aspartame, has long been contemplated and studied by various researchers, and people are concerned about its negative effects.

Aspartame is composed of phenylalanine (50%), aspartic acid (40%) and methanol (10%).

Phenylalanine plays an important role in neurotransmitter regulation, whereas aspartic acid is also thought to play a role as an excitatory neurotransmitter in the central nervous system.

Glutamate, asparagines and glutamine are formed from their precursor, aspartic acid.

Methanol, which forms 10% of the broken down product, is converted in the body to formate, which can either be excreted or can give rise to formaldehyde, diketopiperazine (a carcinogen) and a number of other highly toxic derivatives.

Previously, it has been reported that consumption of aspartame could cause neurological and behavioural disturbances in sensitive individuals.

Headaches, insomnia and seizures are also some of the neurological effects that have been encountered, and these may be accredited to changes in regional brain concentrations of catecholamines, which include norepinephrine, epinephrine and dopamine.

The aim of this study was to discuss the direct and indirect cellular effects of aspartame on the brain, and we propose that excessive aspartame ingestion might be involved in the pathogenesis of certain mental disorders (DSM-IV-TR 2000) and also in compromised learning and emotional functioning.

European Journal of Clinical Nutrition advance online publication,
8 August 2007; doi:10.1038/sj.ejcn.1602866.
PMID: 17684524

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 10:28 AM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: phenylalanine and aspartic acid from low dose aspartame in rabbits interfere with blood coagulation, Pretorius E and Humphries P, U. of Pretoria, Ultrastruct Pathol 2007 March: Murray 2007.07.14

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

phenylalanine and aspartic acid from low dose aspartame in rabbits interfere with blood coagulation, Pretorius E and Humphries P, U. of Pretoria, Ultrastruct Pathol 2007 March: Murray 2007.07.14
http://groups.yahoo.com/group/aspartameNMmessage/1452

" The authors conclude by suggesting that aspartame usage
may interfere with the coagulation process
and might cause delayed fibrin breakup after clot formation.

They suggest this,
as the fibrin networks from aspartame-exposed rabbits
are more complex and dense,
due to the netlike appearance of the minor, thin fibers.

Aspartame usage should possibly be limited
by people on anti-clotting medicine
or those with prone to clot formation. "

Ultrastruct Pathol. 2007 Mar-Apr; 31(2): 77-83.
Ultrastructural changes to rabbit fibrin and platelets due to aspartame.
Pretorius E,
Humphries P.
Department of Anatomy, Faculty of Medicine,
University of Pretoria, South Africa.
[Humphries P also at
Department of Anatomy, University of Limpopo.
Medunsa Campus, Garankuwa. South Africa]

email: E. Pretorius resia.pretorius@up.ac.za

*Correspondence to E. Pretorius,
BMW Building, PO Box 2034,
Faculty of Health Sciences,
University of Pretoria, Pretoria 0001, South Africa

The coagulation process, including thrombin, fibrin,
as well as platelets,
plays an important role in hemostasis,
contributing to the general well-being of humans.

Fibrin formation and platelet activation are delicate processes
that are under the control of many small physiological events.

C00244

Any one of these many processes
may be influenced or changed by external factors,

including pharmaceutical or nutritional products, e.g.,
the sweetener aspartame (L-aspartyl-L-phenylalanine methyl ester).

It is known that phenylalanine is present at position P(9)
and aspartate at position P(10)
of the alpha-chain of human fibrinogen,
and plays an important role in the conversion of fibrinogen
to fibrin by the catalyst alpha-thrombin.

The authors investigate the effect of aspartame
on platelet and fibrin ultrastructure,
by using the rabbit animal model
and the scanning electron microscope.

Animals were exposed to 34 mg/kg of aspartame
26x during a 2-month period.

Aspartame-exposed fibrin networks appeared denser,
with a thick matted fine fiber network
covering thick major fibers.

Also, the platelet aggregates appeared more granular
than the globular control platelet aggregates.

The authors conclude by suggesting that aspartame usage
may interfere with the coagulation process
and might cause delayed fibrin breakup after clot formation.

They suggest this,
as the fibrin networks from aspartame-exposed rabbits
are more complex and dense,
due to the netlike appearance of the minor, thin fibers.

Aspartame usage should possibly be limited
by people on anti-clotting medicine
or those with prone to clot formation.
PMID: 17613990

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,518 posts in a public archive

mizuno1-Edgar

From: LDelcrogna@aol.com
Sent: Tuesday, February 12, 2008 10:57 AM
To: HLTtestimony
Cc: Janice Lehner; andrepcarroll@capitol.hawaii.gov
Subject: RE: aspartame ban

BAN THE POISONOUS FOOD ADDITIVE AND FINE AND JAIL THE CRIMINALS.....

C00246

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 11:23 AM
To: HLTtestimony; aspartame@yahoogroups.com; aspartameNM@yahoogroups.com
Cc: cnwei@gpo.kumamoto-u.ac.jp
Subject: House Bill 2680, Room #329, 8 AM Friday: Subjective symptoms of medical students exposed to formaldehyde during a gross anatomy dissection course, Wei CN et al, Kumamoto University, Japan, Int J Immunopathol Pharmacol. 2007 Apr. Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

Subjective symptoms of medical students exposed to formaldehyde during a gross anatomy dissection course, Wei CN et al, Center for Policy Studies, Kumamoto University, Japan, Int J Immunopathol Pharmacol. 2007 Apr. Murray
2008.02.12
http://rmforall.blogspot.com/2008_02_01_archive.htm
Tuesday, February 12, 2008
http://groups.yahoo.com/group/aspartameNM/message/1519

1 ppm formaldehyde in air = 1.23 mg/cubic meter, so breathing 20 cubic meters, living in mobile homes, would retain about 20 mg formaldehyde daily, ten times the 1999 EPA alarm level for daily drinking water.

The medical students had symptoms for a few hours per school day of this level of exposure.

Probably the study did not consider formaldehyde exposure from dark wines and liquors, tobacco and wood smoke, aspartame, new buildings, vehicle exhaust, and many other sources.

Int J Immunopathol Pharmacol. 2007 Apr-Jun; 20(2 Suppl 2): 23-5.
Subjective symptoms of medical students exposed to formaldehyde during a gross anatomy dissection course.
Wei CN, cnwei@gpo.kumamoto-u.ac.jp;
Harada K,
Ohmori S,
Wei QJ,
Minamoto K,
Ueda A.
Center for Policy Studies, Kumamoto University, Japan.

The purpose of this study is to investigate the safety of and to try to find the best plan to cope with exposure to FA for students during a gross anatomy dissection course.

The FA exposure level and subjective symptoms were estimated.
The relationship between exposure to FA and subjective symptoms of irritation were discussed for these times; before, in the beginning period, in the middle period, and upon completion of the Anatomy Dissection Course.

The geometric means of FA concentration were
32.7 micrograms/m3 (before), [0.03 mg/m3]
891.3 micrograms/m3 (beginning), [0.9 mg/m3]
763.3 micrograms/m3 (middle), [0.8 mg/m3] and 238.9 micrograms/m3 (completion), respectively. [0.2 mg/m3]

000247

Among them, FA-related symptoms were observed in 61.1 percent; 28.0 percent felt strong stress during the course, and 27.4 percent complained that their normal life situation was affected.

Our results indicate that such subjective symptoms during the anatomy dissection course were related to the period spent in the anatomy dissection room.

Our study suggests that shortening the time of each anatomy dissection practical class, and reduction of the number of cadaver tables could help to reduce symptoms. PMID: 17903352

FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water: Murray 2007.07.23 [also, more recent research]
http://groups.yahoo.com/group/aspartameNM/message/1455

" Paulison said FEMA received "just over 200 complaints of strange odors including formaldehyde" in trailers and that 58 trailers were replaced "because of formaldehyde concerns."

Occupants of five other trailers were moved to apartments, he said.

Several lawmakers said FEMA should have seen the 200 complaints as a sign of a much wider problem. "

1 ppm formaldehyde in air is half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water.

J. D. Trasher et al in 1990 found many symptoms in 19 mobile home residents, living with 0.05 to 0.5 ppm formaldehyde.

http://www.drthrasher.org/formaldehyde_1990.html full text Jack Dwayne Thrasher, Alan Broughton, Roberta Madison.
Immune activation and autoantibodies in humans with long-term inhalation exposure to formaldehyde.
Archives of Environmental Health. 1990; 45: 217-223.
"Immune activation, autoantibodies, and anti-HCHO-HSA antibodies are associated with long-term formaldehyde inhalation."
PMID: 2400243

" The patients in our study had symptoms and complaints related to several organs, as described previously, (4,5,9) which were similar to symptoms of workers with multiple chemical sensitivity,(11) cacosmia,(12) and other chemical exposures. (13-15)

We report on the differences in
humoral and cell-mediated immunity in humans with long-term inhalation exposure to HCHO vs. asymptomatic students (controls) who experienced short-term, periodic exposure to the chemical. "

" All patients in this study
had sought continuous medical attention
because of multiple organ symptoms
involving the central nervous system (CNS) (headaches, memory loss, difficulty completing tasks, dizziness),
upper- and lower-respiratory symptoms,
skeletal-muscle complaints,
and gastroenteritis.

000213

Three common symptoms were expressed:
(1) and initial flu-like illness
from which they had not fully recovered;
(2) chronic fatigue,
and (3) an olfactory sensitivity to ambient conditions containing low concentrations of chemicals. (4,9,11) "

" (2.) Mobile home residents consisted
of 19 patients (6 males, 13 females, mean age 41 +-20 y) who currently lived in mobile homes.

The patients had lived in their environments for 2-7 y and reported multiple symptoms. (4,9)

Measured HCHO concentrations ranged from 0.05 to 0.5 ppm at the time blood samples were taken. "

FEMA found 1.2 ppm formaldehyde in April 2005 in one of over 120,000 mobile homes supplied for recent hurricane victims --
75 times more than the
0.016 level set for 8-hour working days
by the National Institute for Occupational Safety and Health for workers to be required to wear respirators.

http://www.arb.ca.gov/toxics/tac/appendxc.htm

1 ppm FA in air = 1.23 mg/cubic meter, so breathing 20 cubic meters would retain about 20 mg FA daily, ten times the 1999 EPA alarm level for drinking water.

Dark wines and liquors, as well as aspartame, provide similar levels of methanol, above 120 mg daily, for long-term heavy users, 2 L daily, about 6 cans.

Within hours, methanol is inevitably largely turned into formaldehyde, and thence largely into formic acid -- the major causes of the dreaded symptoms of "next morning" hangover.

Fully 11% of aspartame is methanol --
1,120 mg aspartame in 2 L diet soda,
almost six 12-oz cans, gives 123 mg methanol (wood alcohol).
If 30% of the methanol is turned into formaldehyde, the amount of formaldehyde, 37 mg, is 18.5 times the USA EPA alarm limit for daily formaldehyde in drinking water, 2.0 mg in 2 L average daily drinking water.

Medicine has to consider that the many sources of methanol and formaldehyde are additive co-factors.

http://groups.yahoo.com/group/aspartameNM/message/1286
methanol products (formaldehyde and formic acid) are main cause of alcohol hangover symptoms [same as from similar amounts of methanol, the 11% part of aspartame]:
YS Woo et al, 2005 Dec: Murray 2006.01.20

http://groups.yahoo.com/group/aspartameNM/message/1143
methanol (formaldehyde, formic acid) disposition:
Bouchard M et al, full plain text, 2001:
substantial sources are degradation of fruit pectins, liquors, aspartame, smoke: Murray 2005.04.02

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Tuesday, February 12, 2008 11:49 AM
To: HLTtestimony
Subject: Testimony of Robert and Claire Flint, Mission Possible Maine, HB2680, House Committee on Health

To Whom it May Concern,

We understand that you need testimonies of the ill-affects of aspartame.
Here is ours. A number of years ago, I (Claire) noted that whenever I drank aspartame sweetened soft-drinks I'd have migraine-like headaches preceded by seeing peripheral auras and accompanied by nausea. Soon, I noted that eating foods containing aspartame resulted in the same symptoms.
The headaches have affected my husband, as well, in that having them had and has put a damper on our social life and the number of restaurants we can depend on having 'safe' food that I can eat without suffering debilitating headaches.

I have weaned myself off of the "addiction" of soft-drinks and all of the symptoms slowly went away unless I eat or drink something that contains aspartame or its derivatives. We are personally convinced that aspartame is dangerous and hope that Hawaii's decision to ban it will lead the way for other states to ban this substance from use in food and drink.

We, with Dr Martini's help, have since assisted hundreds in kicking this poison out of their lives.

Thank you for your consideration.

Respectfully yours,
Robert and Claire Flint
362 Webster St.
Lewiston, ME 04240
<http://www.greatfallspro.com/>www.greatfallspro.com
Mission Possible/Maine

CC0250

From: finrod@finrod.co.uk
Sent: Tuesday, February 12, 2008 11:59 AM
To: HLTtestimony
Subject: Testimony of Soroush Ebrahimi, HB 2680, Banning Aspartame, House Health Committee

Importance: High

Re: House Bill 2580 Room #329

Please Copy as Committee handout

To Whom it May Concern,

Dear Sirs

As a homeopath I have come across many cases where patients' symptoms were caused by aspartame - this is proven because the simple withdrawal of aspartame from the patient's diet, before any treatment, brought about the removal of symptoms.

The first was the case of a 78 year old male diabetic who consumed many drinks of tea sweetened with Canderel. He had gone blind in both eyes through Hyphema (bleeding in the eye) despite undergoing many LASER treatments to stop the bleeding.
Within 6 months of stopping aspartame he had vision in one eye and could see distant and close objects with out the need for glasses.

Another case was that of a lady who as soon as she consumed anything with aspartame would have a burning sensation on her tongue followed by a migraine type headache.

Another lady was suffering from hip and knee pains. Within 6 weeks of being off aspartame she could take her dog for walks of over 1 hour without any discomfort.

Another was a child of three with severe eczema, where after just three weeks off aspartame her eczema had drastically improved.

A very recent case is that of lady who has been suffering from severe joint pain (on very strong medication for it), together with depression and sleeplessness. Within 3 weeks of being off aspartame, the inflammation of her joints has subsided.

One could site many such cases, but I trust the above would suffice to prove the point.

The main point is that the majority of independent tests done on aspartame have shown it to cause symptoms. Sadly the majority of doctors are not aware of the symptoms caused by aspartame and therefore often mis-diagnose a simple case disease caused by aspartame as something else such as lupus of MS etc.

I hope that you will make the correct decision and ban this poison.

Yours faithfully

Soroush Ebrahimi, RSHom
Registered Homeopath
23, Cornwallis Drive
SOUTH WOODHAM FERRERS
Essex
CM3 5YE
England
Tel: + 44 1 245 325 460
Fax: + 44 1 245 329 554

000251

mizuno1-Edgar

From: Ben Nahm [ben@hawaiiantel.net]

Sent: Tuesday, February 12, 2008 12:50 PM

To: HLTtestimony

Subject: TESTIMONY FOR HAWAII HB 2680

TO REP. JOSH GREEN, REP. JOHN MIZUNO AND MEMBERS OF THE HOUSE COMMITTEE ON HEALTH:
MY NAME IS BENJAMIN NAHM. MY TESTIMONY IS ON BEHALF OF MYSELF AND MY TWO PARENTS. ASPARTAME REALLY IS A PUBLIC SAFETY HAZARD. IT MASQUERADES BEHIND ITS NO CALORIE IMAGE OF BEING SAFE AND TESTED. THE FACT IS, ASPARTAME CONVERTS TO FORMALDEHYDE AFTER IT GETS HEATED BY THE HUMAN BODY. THE TESTING THAT DIRECTOR FUKINO SPOKE ABOUT HAS BEEN EXTREMELY BIASED AND RIGGED DONE BY THOSE WITH DIRECT LINKS TO ASPARTAME MANUFACTURERS. MS. FUKINO IS ONLY FURTHERING THE DECEPTION OF ASPARTAME BEING A SAFE ALTERNATIVE TO SUGAR. ASPARTAME CAUSES DIABETES RATHER THAN PREVENTS IT. A BAN WOULD ONLY REVERSE THE PUBLIC HEALTH EPIDEMIC OF DIABETES AND A PLETHORA OF OTHER DISEASES, INCLUDING MULTIPLE SCLEROSIS AND LUPUS. NO ONE WOULD DRINK FORMALDEHYDE WITH THEIR MEALS, BUT THAT IS WHAT MANY IN HAWAII ARE DOING ON A DAILY BASIS. HAWAII SHOULD SET THE NATION'S HEALTH STANDARDS BY BEING THE FIRST TO BAN THIS DEADLY TOXIC SUBSTANCE. ASPARTAME IS A NEUROTOXIN AND PERHAPS ITS GREATEST THREAT IS THAT IT CAUSES BRAIN TUMORS AND OFTEN HUGE ONES. ASPARTAME HAS RUINED MANY LIVES BY WAY OF ITS DAMAGING EFFECTS TO HUMAN HEALTH. IT POSES A SIGNIFICANT PUBLIC SAFETY RISK. UNLIKE SMOKING, WHICH IS KNOWN TO BE A HEALTH RISK, ASPARTAME IS DECEPTIVELY MARKETED AS SAFE AND RIGOROUSLY TESTED. PLEASE PASS HAWAII HB 2680.

THANK YOU,

BENJAMIN NAHM

CRAIG NAHM

YONG-OK NAHM

000252

From: Alex [alex@seaho.co.uk]
Sent: Tuesday, February 12, 2008 1:31 PM
To: HLTtestimony
Subject: *****SPAM***** House Bill 2680, Room #329, 8 AM Friday

House Bill 2680, Room #329, 8 ...

This mail is probably spam. The original message has been attached along with this report, so you can recognize or block similar unwanted mail in future.

Content preview: House Bill 2680, Room #329, 8 AM Friday: Honorable Rep. Josh Green, M.D., Chair, And Honorable John Mizuno, Vice Chair: Please copy as committee handout for this hearing. [...]

```
Content analysis details:   (8.6 points, 7.0 required)
 1.0 MY_DSL                 I could use a BL for this.
 0.8 EXTRA_MPART_TYPE       Header has extraneous Content-type:...type= entry
 1.6 DEAR_SOMETHING         BODY: Contains 'Dear (something)'
 0.1 HTML_TAG_EXIST_TBODY   BODY: HTML has "tbody" tag
 0.0 HTML_MESSAGE           BODY: HTML included in message
 4.0 SARE_GIF_ATTACH        FULL: Email has a inline gif
 0.0 NO_RDNS2               Sending MTA has no reverse DNS
 1.0 RCVD_IN_SORBS          RCVD_IN_SORBS
```

The original message was not completely plain text, and may be unsafe to open with some email clients; in particular, it may contain a virus, or confirm that your address can receive spam. If you wish to view it, it may be safer to save it to a file and open it with an editor.

000253

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 2:50 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: history and biology of formaldehyde toxicity from methanol in canned vegetables and fruits, in medicines a century ago, and aspartame: WC Monte, PhD, Fitness Life 2007 Nov.: Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

www.thetruthaboutstuff.com/published/Your%20Health%2033%20-2.pdf
http://www.thetruthaboutstuff.com/review1.shtml plain text

House Bill 2680, Room #329, 8 AM Friday: history and biology of formaldehyde toxicity from methanol in canned vegetables and fruits, in medicines a century ago, and aspartame: WC Monte, PhD, Fitness Life 2007 Nov.: Murray 2008.02.12

Review 1 - Published November 2007
Monte WC. 2007, Is your Diet Sweetener killing you?
Fitness Life Nov. 33: 31-33

Abby Cormack is a young lady from Wellington who recently made headlines because of serious adverse reactions her physician attributed to her use of the artificial sweetener aspartame.

She sent me an email to ask for help.

I was happy to assist since I have seen hundreds of similar complaints (1).

Aspartame contains methanol (14, 48, 50).

Methanol is a dangerous poison that, over time, is known to remove the insulation from nerve axons (18, 53), producing symptoms identical to Multiple Sclerosis (MS) (2).

In fact, in the German scientific literature, Swiss physician, Dr Hugo Henzi, argued eloquently, that naturally occurring methanol was the cause of Multiple Sclerosis (5, 6, 8, 9, 10).

[Med Hypotheses. 1984 Jan; 13(1): 63-75.
Chronic methanol poisoning with the clinical and pathologic-anatomical features of multiple sclerosis.
Henzi H.

The details of two cases of chronic methanol poisoning are presented.

Both patients initially developed clinical symptoms of multiple sclerosis: visual disturbances, intention tremor, reduced abdominal reflexes, impaired coordination and difficulties with walking.

After the exposure to methanol had ceased the multiple sclerosis symptoms persisted in patient 1 but disappeared gradually in patient 2 (patient 2 had a history of excessive alcohol consumption, which is a critical fact in this discussion).

Ultimately autopsies confirmed this picture: histological examination of patient 1 revealed plaques in the spinal cord, in the stem and in the proximity of the lower horn of one lateral ventricle, whereas no localized demyelination could be found in patient 2.

The results are discussed in connection with the theory ("Methanol Hypothesis") that under certain circumstances multiple sclerosis itself is induced by formaldehyde stemming from the metabolism of methanol. PMID: 6708848]

My name is Dr. Woodrow Monte.

My 26 year career as Professor at Arizona State University was devoted to research and teaching of the composition and safety of foods.

For 25 years I have had serious concerns about the consequences of the consumption of Aspartame.

In 1983, I filed the first petition to the US Food and Drug Administration seeking Aspartame's removal from foods (39).

My 287 page petition, containing copious documentation of published research, was denied without explanation.

In 1984, I wrote the first scientific article warning of the methanol produced when Aspartame is consumed (1).

This issue of aspartame safety is embedded in a quagmire of politics (39).

Aspartame's approval by the American Food and Drug Administration (FDA) was championed, by the former US Secretary of Defense Donald Rumsfeld.

At the time of Aspartame's FDA approval, he was president of the company that invented it and which stood to make considerable financial gain from its manufacture and sales (39, 56).

NZFAS Public Relations for the Beverage Industry The New Zealand Food Safety Authority (NZFSA) has endorsed Aspartame safety in all of their handouts, for the most part paraphrasing the claims of the sweetener industry (39, 56).

The New Zealand government currently is considering a measure which endorses diet sweeteners as replacement for sugar sweetened beverages in schools.

Inexpensively produced aspartame from China is the product most likely to be selected to replace sugar.

Fizzy drink beverage manufacturers stand to reap a substantial profit from the money saved substituting aspartame for sugar.

But at what cost to the public health?

Despite vigorous protest, the NZFSA has maintained a pro-aspartame stance.

They have chosen not to allocate resources for study of the many hundreds of scientific works that comprise just the methanol toxicity literature.

I have studied this scientific literature and, in the remainder of this article, will present to you what I have learned, and why I believe, it is so important to reject this proposed measure.

The Science: Aspartame tastes sweet because, attached to it, is a molecule of methanol (wood alcohol).

The methanol is very loosely bound and will fly off with the slightest heating or when consumed (20, 51).

Because methanol's toxicity is well known, millions of dollars were invested by Aspartame's inventors in an attempt to attach some other "safer" substance, but this attempt was not successful.

With the approval of Aspartame, a new source of methanol was added to what is a very short list of methanol containing foods.

000255

Methanol -- Trojan Horse: Why is methanol dangerous?

Inside cells, methanol is converted to formaldehyde (30), an undetectable toxin and recognized cancer causing agent of the highest order (Group I) (11).

Even when formaldehyde is injected directly into a living human, it turns into formal hydrate (4, 27), a very aggressive molecule that instantly attaches to any protein molecule which it makes contact.

The formaldehyde molecule then completely disappears within the cover of the much larger protein (31, 32).

No diagnostic procedures, can detect a protein molecule so changed, yet the damaged molecule, loses function.

Damaged protein molecules are not tolerated by the immune system.

Specific detection sites for "formaldehyde modified protein" are found on white blood cells called macrophages (23, 24).

Macrophages seek out and destroy these proteins at a rate 100 times faster than proteins not treated with formaldehyde (25).

Upon autopsy, macrophages are found in the damaged areas of the brains of those who have died with MS (42, 44).

Pharmaceutical companies use formaldehyde treatment of viral proteins to greatly enhance antibody production during the manufacture of vaccines (26).

However, the effect of formaldehyde (resulting from methanol poisoning) on human proteins, has not been examined as a cause of autoimmunity.

A Question Never Answered

In response to these concerns, spokespersons for the soft drink beverage industry and for NZFSA claim that there is a large amount of methanol consumed in the normal diet and that a "little" more from aspartame will do no harm.

This is their only justification for allowing more of this toxin to be introduced into foods.

No estimate has been publicly presented by these spokespersons regarding the amount of methanol consumed per person, per day in the average diet.

Consistent with the data in my published research (1), I believe that the amount of methanol in the typical diet without artificial sweeteners would be less than 8 milligrams per day.

One can of aspartame sweetened diet cola yields 16 milligrams of methanol (47), more than twice the amount of methanol from other sources in a typical diet.

Fresh fruits and vegetables contain small traces of methanol (28, 29) but their consumption is not problematic, in that, during fermentation in the gut, they produce a natural substance that stops the conversion of methanol to formaldehyde (35, 36).

In fact, before Aspartame, methanol in the normal human diet came primarily from heat processed plant foods such as canned fruit and vegetables and their juices (33).

While there are unusually high levels of methanol in black currant and tomato juices (1, 19, 33), these foods are included only occasionally in most diets and, thus, would have little impact on an average person's methanol intake (1).

Methanol is only found in natural foods that contain pectin (33), the glue that holds certain plants together.

000256

Fortunately, the bond that holds the methanol to pectin is so strong that it rarely breaks

(36), or breaks only under certain conditions.

These conditions include fermentation (35) or the high temperatures of the food canning process (1, 28, 29, 34).

Even under these conditions only a small percentage of pectin's methanol is released (35, 36).

(It is interesting to note that MS was first documented as a disease (45) at about the time that canning began to flourish in Europe (46).)

Further, humans have no enzymes for pectin digestion (36), thus making pectin consumption rather unlikely to yield much methanol.

In contrast, aspartame consumption yields methanol always and readily (20, 48).

The Second Attempt to put Methanol into Foods

A hundred years ago the scientific community believed methanol was benign and swore to its safety with disastrous consequences (21).

At the turn of the century, industry scientist wanted to use the newly developed, inexpensive and odorless form of wood alcohol,...
methanol, to extract vanilla and other flavorings (17, 21).

Over the previous 50 years, many toxicity studies performed in reputable laboratories showed that more methanol than ethanol is required to kill a test animal (15, 30).

Testing of this sort was repeated with monkeys, dogs, rabbits and laboratory rats (17, 30).

Each time with the same result.

This data was presumed to support the safety of methanol consumption.

Accordingly, food and drug industries proceeded to use methanol in patent medicines and to produce flavorings.

Soon after the first bottles of methanol laden extracts appeared on the market, many fell seriously ill (17).

The stories that linked suffering, blindness and death were discounted by the scientific community as "anecdotal" and unrelated to the methanol which "had gone through so much testing'(17).

When incidence of death (16) and vision loss (37) continued to mount, professionals surmised that some "impurity" had found its way into individual products.

They maintained that nothing was wrong with methanol per se (17, 30).

Thousands died before the scientific community determined that animals and humans do not metabolize methanol in the same manner (52).

Eventually, scientists learned that a liver enzyme that metabolizes methanol, present in animals but absent in humans accounts for methanol's toxicity for humans (52).

While animals consume methanol safely, as little as 2 teaspoons can be lethal for a human(16).

Since that time, methanol has been forbidden in foods and must always be packaged with a label showing a skull and crossbones the universal symbol for poison (49).

Why I question the Safety of the worlds most tested food additive

The inventors of aspartame would have the advantage of hindsight when designing studies for determining the safety of their methanol containing product.

Inexplicably, all of their toxicological testing was conducted on the same selection of animals that falsely supported methanol's safety more than 60 years earlier (48).

Despite this bias in sample selection, long term toxicity studies of Aspartame has shown an increased likelihood of cancer in test animals (50), an outcome not examined in earlier methanol studies.

As a consequence, Aspartame became the first additive in the history of the US FDA denied approval for use in foods by the scientists of a Public Board of Inquiry (39, 57).

Ultimate approval did occur, however, and it resulted not from additional research but rather from political intervention (39).

What was remarkable was the method used to bend science to the will of an aggressive drug company.

When it was clear that chances of approval were waning, representatives of the company sought out the few laboratories in the United States that were performing methanol research.

These laboratories were, in effect, hired to help prove aspartame is safe (39).

Participating labs were tasked to find an animal that would respond as a human does to methanol (39), then to find a way to prove that formaldehyde was not producing the symptoms of methanol poisoning in that animal (39).

If formaldehyde was proved the cause of the symptoms and death from methanol poisoning, (the opinion held by the scientific community at that time (21, 30), formaldehyde's inability to be detected would put a quick end to any hope for the approval of Aspartame.

Millions of dollars bought many scientific papers, few indicating the research therein was "contracted" by the manufacturers of the product (39).

This "research" is now forever embedded in the scientific literature.

Scientists who were on the corporate dole are now considered "experts" in the field of methanol safety.

It should be noted that research not funded by the manufacturer of Aspartame has led to different conclusions.

For example, 10 years ago an independent Spanish laboratory found that Aspartame most definitely turns into formaldehyde (7, 40).

Because of differences across species in the production of enzymes that metabolize methanol, the results of animal research with Aspartame cannot safely be generalized to humans.

Humans have become the test subjects in a 27-year long experiment on Aspartame safety.

Unfortunately, the damage that methanol can cause is being revealed in populations of Aspartame consumers such as Abby Cormack.

The issue is complex but the choice is simple.

Fortunately there are several other readily available, artificial sweeteners that do not contain dangerous toxins.

Therefore, it just makes good sense to keep Aspartame out of our schools.

Woodrow Monte Ph.D. Professor of Food Science (retired), Arizona USA

* please go to TheTruthAboutStuff.com to see my 1984 article for a full discussion of this issue and references for this article.
http://www.thetruthaboutstuff.com/pdf/(1)%20Aspartame%20Methanol%20and%20the%20Public%20Health%201984.pdf

000258

Reference List 1 - 60 are given after the 2nd review, 2007 Dec.
The abstracts and texts of all 190 references are given in pdf form at
http://www.thetruthaboutstuff.com/articles.shtml

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 3:14 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: evidence that formaldehyde from methanol from tobacco, canned fruits and vegetables, aspartame has caused increasing multiple sclerosis worldwide: WC Monte, PhD, Fitness Life 2007 Dec.: Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

evidence that formaldehyde from methanol from tobacco, canned fruits and vegetables, aspartame has caused increasing multiple sclerosis worldwide: WC Monte, PhD, Fitness Life 2007 Dec.: Murray 2008.02.12

"The symptoms of multiple sclerosis (44, 83, 85, 169), chronic and acute methanol poisoning (13, 144, 189), and Aspartame toxicity (54, 58, 93, 181), are in all ways identical."

http://www.thetruthaboutstuff.com/published/Article%202%20Methanol%20and%20MS.pdf
http://www.thetruthaboutstuff.com/review2.shtml plain text

TheTruthAboutStuff.com
Sweet Misery: A Poisoned World

Review 2 -- Published December 2007

Monte WC. 2007, A Deadly Experiment -- (Fitness Life 2007 Dec.34: 38-42)

We cannot introduce a poison into the food supply without paying a terrible price, and I am convinced that this tragic scenario has and is playing itself out.

In an earlier article regarding the dangers of Aspartame (Fitness Life 2007 Nov 33: 31-33), I explained how this artificial sweetener can degrade into methanol and then into formaldehyde, and I touched on some of the deleterious effects of formaldehyde on the human body.

In this article I make the case that increased methanol consumption is implicated in the appearance and increased incidence of multiple sclerosis (MS) and that Aspartame consumption is one of the two primary sources of methanol in our diets.

What Price Aspartame: The Early Warnings Ignored

We have consumption data for Aspartame in the United States from mid-1981 when a ban on its use was reversed through political intervention (39).

The increase in production and consumption was relatively slow until a surge occurred when approval came for its use in carbonated beverages.

Although we would wish such periods did not occur, a period in which a substance is introduced into the diet of an unsuspecting population is a perfect time to look for anomalies that can help us to hypothesize about the extent to which the substance may be toxic.

I examined data on diseases and conditions that I thought might be affected by the increased consumption of Aspartame such as depression, autoimmunity, and birth defects (terata).

000260

Both methanol and Aspartame are proven teratogens in animals far less sensitive to methanol than humans (92, 96, 103-105, 124, 159, 177).

Data from the US National Center for Health Statistics regarding morbidity numbers during those critical early years are presented here in graphic form.

These are the original data with no modification save for those regarding autism; these were displaced by six years because the data presented to me were for patients diagnosed at six years of age (98).

This displacement reflects that exposure to methanol occurred in the womb.

If these data teach us anything they teach us that the first question we should ask a depressed child is "Do you drink diet soda?"...
and that pregnancy is not the time to consume Aspartame (100).

It is interesting to note that Breast Cancer has the same worldwide distribution and incidence characteristics as MS (190) and shares with MS the known, methanol rich, causal agent.cigarette smoking.

I found the most striking graph to be the one showing increase in diagnosed cases of multiple sclerosis.

It usually takes, at least, 10 years from first onset of symptoms to reportable diagnosis of the disease (86, 167).

This early reporting was evidence, to me, of much worse to follow.

Science has been seeking the cause of multiple sclerosis for 150 years.

It has repeatedly been suggested there is evidence to implicate a small toxic molecule (153, 185)... a solvent (74, 140).

Methanol is the smallest of solvents.

The results of 27 years of Aspartame consumption

The Worst of Timing

The 1980's was well into the era when laboratories that had been performing methanol toxicity research were being paid by the company who invented Aspartame to prove the safety of its sweetener (121, 131).

Dr. Hugo Henzi, an M.D. now deceased, published a book in 1980 purporting to prove dietary methanol as the cause of multiple sclerosis (5).

His clinical logic and anatomical observations were impeccable (6, 8-10), but he made a major mistake.

He erroneously believed that the methanol that caused MS came from "fresh" fruits and vegetables, and as a consequence, he proposed a curative diet that we now know had little chance of success (101).

However, several lines of evidence are now converging to support Dr.
Henzi's primary assertion.

The Secret Battle that is Autoimmunity

From an early moment in the evolution of man.from as far back as the mutation that accounted for universality in its distribution...
a biochemical battle has quietly raged within the most intimate anatomy of the human body.

Two alcohols competing for the attention of a serendipitously distributed and poorly understood enzyme... an enzyme that, by accident, has become the lonely suitor to and only benefactor of their advances.

The outcome, after years of struggle, determines who will and who will not die with MS.

The alcohols are ethyl and methyl alcohol.

Methanol is the smallest known alcohol containing only one carbon atom; ethanol has two carbon atoms.

The enzyme has had several names as it has been discovered and rediscovered over the years in the physiological, neurological, and opthalmological sciences.

However, it is most commonly referred to as ADH (alcohol dehydrogenase).

ADH is known to serve a number of functions in the healthy human body.

In the retina it is called retinal reductase and plays a major role in vision (112), but ADH's ability to convert alcohols to aldehydes is what is paramount to our discussion here.

ADH is a large protein molecule and due to its unique structure it much "prefers" coupling with ethanol, which it converts to acetaldehyde that our body uses for many good purposes.

It is only when ADH finds no ethanol in the blood or when the methanol concentration in the blood is 10 times greater than that for ethanol that ADH slowly and "reluctantly" turns methanol into formaldehyde (113, 114, 116-118, 122).

Only a small amount of ethanol in one's blood prevents methanol from turning into formaldehyde (141).

This is fortunate for without this inhibiting effect on formaldehyde formation humans would have become extinct eons ago.

Another bit of good fortune for the majority of those in the human race is something that was noticed during the development of breath analyzers for the detection of drunk drivers and subsequently confirmed in the scientific literature.

That is, we nearly always have ethanol, circulating in our bloodstreams (64, 188).

The presence of ethanol is the natural outcome of digesting plant material in the gut (134, 174), but the amounts of this endogenous ethanol in our blood varies greatly across individuals (64, 173).

No ethanol could be found in the blood of some subjects while others have high enough ethanol in their blood to be considered impaired (186).

Individual differences in the presence of endogenous ethanol (and the location of tissue containing ADH) may well account for why some people die or become blind from a teaspoon of methanol (16) and some consume it, mixed with ethanol, as a preferred source of intoxication (110).

I also believe that these individual differences in the presence of endogenous ethanol provides an explanation for why some people develop autoimmune disease and others do not, no matter what they consume or smoke.

Interestingly the location of ADH in our bodily tissue seems to vary with our genetic makeup(187).

ADH might, for reasons not fully understood, be found in the liver, gut, brain, eye, skin and sinew.

These hereditary differences are most likely responsible for the varied manifestations of autoimmunity.

Higher enzyme representation in the brain might predispose the individual to develop MS while its presence in the skin would be required for the evolution of lupus.

Autoimmunity: Teaching our Body to Produce Antibodies against our own tissue.

During the evolution of vaccines, not long after the pioneering work of Jennings and Pasture, the pharmaceutical industry noticed and took good advantage of the "trick" of toxoid production (75, 114, 179).

A toxoid is a bacterial or viral protein that has been treated in the laboratory with a low concentration of formaldehyde (26).

The concentration is just enough to attract the attention of the macrophage but not enough to completely change the protein's structure.

The toxoid (vaccine) is injected into humans who then produce antibodies and thus develop immunity to the original, offending organism.

It is interesting to note that injection of the original protein without formaldehyde treatment often causes little or no antibody production and therefore little immunity to that bacterium or virus.

As discussed in my previous article, once methanol is changed into formaldehyde and then, by water, to formal hydrate (4, 27, 114), all hell breaks lose.

Unbeknownst to most researchers, formal hydrate is extremely acidic (114) along with being a powerful esterifying agent (122).

These two characteristics make it irresistibly attractive to our body's protein molecules, especially to those found in the insulation of the human brain (18, 53).

Opposites attract and the basic protein (MBP) of myelin quickly falls prey to acidic formal hydrate.

Macrophages are large white, amoeba like blood cells for which the major purpose in our body is to destroy attacking life forms and consume foreign and broken protein from our bodies.

For reasons yet unknown, evolution has equipped macrophages with chemical receptors to detect and destroy specifically and with great vigor protein treated with formaldehyde (23, 24, 25).

Macrophages can signal the immune system to produce antibodies to the proteins that they consume.

This is a dark side to the good work of the macrophage.

What happens when the protein in our brain comes in contact with formaldehyde from diet soda?

An Increase in MS

There is no denying.there has been an epidemic of autoimmune disease throughout the world over the last 30 years (79, 79a-j, 80, 80a-c, 81, 81a, 82).

Multiple sclerosis, once almost unknown in Japan (44, 85, 168), has now risen to menace a large portion of the population (81, 81a).

The lower latitudes and warmer climates once "mysteriously" protected from the full brunt of this tragically debilitating disease (83, 85, 168) have seen incidence and prevalence of MS climb to as much as four times what they were in the days before summer drinks were sweetened with Aspartame (79, 79b, 79d, 79f,g,h, 79j, 80, 80a-c).

The United States which has long had a relatively high MS incidence has seen at least a 50% increase (77).

Medical journals in Australia (82) and New Zealand (90) both report unexplainable increases in their inordinately high (168) "infection" rates.

Where Does Methanol Come from Aside from Aspartame?

Cigarette Smoking

000263

After 150 years of study of MS only cigarette smoking is universally accepted as a causative agent (67-70, 70a-d, 71).

Smoking has also been causally linked to the progression of MS, transforming a relapsing-remitting clinical course into a much more serious secondary progressive course (69).

Tobacco leaves contain large amounts of pectin; and although most scientists are unaware of this, tobacco leaves are left in barns to ferment for weeks (61, 62, 66).

This fermentation releases much of the available methanol from the pectin into the moisture content of the tobacco before it is sold to be made into cigarettes (65).

Consequently, methanol is one of the most abundant toxic compounds found in cigarette smoke (63).

Methanol is found in human breath following smoking (64) indicating a presence in the blood.

A large case-controlled study, mostly of prevalent disease, has shown that systemic lupus erythematosus (SLE) is also positively associated with cigarette smoking and inversely associated with alcohol consumption (73).

Food Processing

Although acknowledging the role played by smoking, I believe that food processing and preserving is what first dramatically increased methanol consumption.

At some point in our genetic history a mutation occurred that disrupted the ability of liver catalase enzyme's to quickly and safely clean methanol from our blood (52).

For several million years after this mutation there was no downside to the mutation, no autoimmunity.

We ate fresh food, and what very little methanol is in fresh fruits and vegetables is countered by their own ethanol content (1, 28, 29) and their ubiquitous gift for slow, steady ethanol production in the gut (64, 134, 188).

However, when the fruits and vegetables and their naturally occurring pectin is placed in a sealed container (as in canning) that is then sterilized, heated or even just stored at room temperature for months, the normally unavailable, chemically bound methanol is released from the pectin (1, 28, 29, 34).

The methanol slowly builds up, trapped in the container, to hundreds of times more than when fresh (28, 29).

Very simply it is "canned" fruits and vegetables that were (before aspartame) the major source of free methanol in the human diet.

The History of MS Recapitulates the History of the Canning Industry

Nicolas Appert invented canning in the 1790s, and the first canning factory was fully operational in England by 1813 (46).

Due to the expense, early canning was undertaken primarily with meats which have no pectin content and therefore would not have caused methanol accumulation.

However, canning of fruits and vegetables followed.

Over time canning became more prevalent and less expensive (46), and the consumption of canned food skyrocketed as did the incidence of multiple sclerosis.

As the canning industry flourished so did the practice of incorporating into recipes the "natural", methanol-laden juices from canned fruits and vegetables rather than throwing them away (74).

The first documented case of multiple sclerosis was reported by Jean-Martin Charcot in a lecture in 1868 (45), although it is thought that the "first identifiable instance of MS" was that of Augustus d"Este whose symptoms started between 1822 and 1843 (45).

During the 19th century MS was recognized as a disease but considered "quite rare" with Charcot reporting fewer than 40 cases during his long career(45).

Increasing numbers of cases were reported in the late 19th century (45).

Although co-occurrence is not proof of causality, similarities in initial appearance and in rate of increasing incidence are consistent with a close linkage between MS and consumption of canned fruits and vegetables.

Explaining the Unexplainable

MS a Disease of the Colder Countries

The differential prevalence of MS across different geographical regions also supports this linkage.

The "latitude gradient theory" of MS is a way to explain the occurrence of higher MS prevalence in colder regions of the world (168).

The tropics have until recently been blessed with very low incidence of MS (83, 85, 168).

These warmer climes are, of course, regions in which the on-going supply of fresh fruits and vegetables has obviated the need for more expensive, canned produce, hence minimizing daily methanol consumption.

The last 30 years has seen an increase in aspartame consumption in these areas and with it a significant attenuation of this gradient (91b, 95)

An exception to the generalization regarding temperate regions would be expected in areas with established canning industries that are able to offer products so economically as to make the canned product a tempting alternative even in the summer months.

For many years both Australia and New Zealand have had such a canning infrastructure and these countries are significant exceptions to the latitude gradient theory.

Both have extremely high MS prevalence and incidence numbers (168).

Another exception (albeit in the opposite direction) is Japan which is in the colder latitudes but which has had little MS incidence through most of its recorded history (85, 168).

Note, however, that the Japanese cultural habit of eating everything in its season did not foster the production or importation of much canned plant material.

Although far from tropical, until recently Japan has had one of the lowest rates of methanol consumption per person in the world.

This rate has increased with the growing popularity of diet beverages (81, 81a).

The worlds largest manufacturer of Aspartame is a Japanese company.

Seasonally speaking, in the northern latitudes, before Aspartame, patients with relapsing-remitting MS could expect relapses to be experienced in the winter or Spring (72a) during periods of peak methanol consumption.

With increased consumption of diet beverages, Japan and the warmer countries are now reporting their worst relapse period to be the summer (72, 72a-b).

The difference between warm and cool regions in remission-relapse cycles appears to parallel periods during which toxic canned vegetables and toxic thirst quenchers are most frequently consumed.

Epidemics of MS

CCC265

There have also been bizarre epidemics or clusters of MS on the Faroe Islands, Orkney and

Shetland Islands, and Iceland (84).

All of these have been studied in great detail and all involve the influx of massive numbers of British or Allied troops (84, 168).

One researcher concluded that those individuals most affected were those who had been in direct contact with these troops (168).

Another article goes so far as to accuse MS of being a "sexually transmitted infection" (184).

An alternative explanation is that these islands had a very low incidence of MS to begin with due the lack of an established canning industry.

Troops brought with them items such as canned foods, fruit preserves, marmalades and rations along with the ubiquitous cigarette, all of which would be very desirable to the island people, especially during war time.

Methanol consumption was overlooked as a factor in all these studies.

The Scandinavian countries and portions of the Slavic nations have some of the highest incidence of MS of any populations in the world (95a, 168).

In these countries consumption of canned and home-canned fruits and vegetables is high, as is consumption of smoked-food products and traditional liquors made from rotted culled fruit.

Some of these liquors have high enough methanol content to exclude them from international commerce.

The alternate name for methanol is "wood alcohol" due to its original source as a condensate product made from wood smoke.

Smoked meats and fish are the exception to the rule that animal products do not contain methanol.

The White Man's Burden

MS was once considered to be a "rich man's disease" in that its prevalence was positively correlated with the trappings of civilization including modern sanitation practices (85).

It now appears that consumption of canned produce provides a better explanation for the relative dearth of MS in many economically depressed regions.

To this day the very poorest people of the world are free from autoimmune diseases such as MS (168), lack proper sanitation, and cannot afford canned fruits and vegetables or diet soda.

Identical Symptoms of MS, Methanol Poisoning and Aspartame Toxicity

The symptoms of multiple sclerosis (44, 83, 85, 169), chronic and acute methanol poisoning (13, 144, 189), and Aspartame toxicity (54, 58, 93, 181), are in all ways identical.

There is nothing that happens to the human body from the toxic effect of methanol that has not been expressed during the course of MS... nothing (143, 144).

This generalization extends even to the remarkable opthomological conditions common to both: transitory optic neuritis and retrolaminar demyelinating optic neuropathy with scotoma of the central visual field (which occasionally manifests as unilateral temporary blindness (85, 138, 163).

In fact, these opthomological symptoms have been thought of for years in their respective literatures to be "tell tale" indications for the differential diagnosis for each of these maladies independently (85, 138, 148, 163, 169).

The common symptoms of
headache (13, 83, 181, 189),

nervousness (13, 83, 181),
depression (58, 83, 189, 181),
memory loss (18, 147, 85, 169, 181),
tingling sensations (13, 85, 168, 138, 169), pain in the extremities (13, 85, 169), optic neuritis (85, 138, 148, 163, 169), bright lights in the visual field (139, 83), seizures (21, 83, 160), inability to urinate or to keep from urinating (139, 146, 167) are all shared by each of these conditions and shared yet again by complaints from aspartame poisoning (54, 58, 93, 181).

I take these strikingly similar symptom patterns as evidence that these disorders act on identical components of the central nervous system and in the same way.

The "Miracle" that MS shares with Methanol poisoning In the early stages of MS, or when a non-lethal dose of methanol has been administered, complete recovery is a possibility.

The only two afflictions for which such dramatic "remissions" are reported from identical neuromuscular and opthomological damage, even "blindness" is relapsing-remitting multiple sclerosis (85) and methyl alcohol poisoning (138, 163).

The pathology of the two maladies is in may ways identical, particularly when it comes to destruction of the myelin sheath with no harm to the axon itself (18, 148, 176).

Sex Ratios for MS and Aspartame Reactions Women bear the brunt of multiple sclerosis (91a-c) and lupus (SLE)(73) with fully three-fold representations in infliction numbers over men for both diseases.

This is exactly the proportion represented by adverse reactors to Aspartame reported by the US Center for Disease Control in their study of 1984 (58).

The Center found three women to every man whose Aspartame consumption complaints were serious enough to warrant investigation (93).

Although the female/male ratio for those stricken with MS has always been high recent estimates place it at over 3 to 1 (91, 91a, 91c).

What might account for the difference across sexes in incidence?

A study published in the New England Journal of Medicine (94) reports biopsies of the gastric lining of men and women.

A result was that the concentration of ADH in the gastric lining of men was much higher than for woman.

Men have the advantage of removing methanol from the bloodstream four times faster on an equal-body-size basis than women.

Thus, for men, methanol is more likely to be removed from the blood before it reaches the brain.

The brain is spared, but the methanol removed would still be metabolized to formaldehyde in the gut where it would reap its havoc on a more forgiving organ.

This may help explain why men have more gastrointestinal complaints from both methanol and Aspartame consumption (93, 99).

On the other hand, women's complaints from both more frequently involve serious neurological complications.

MS Cures and treatments

There are no known cures for MS and after reading about all of the many, many treatments, I conclude that the only one that shows statistically valid improvement in double-blind studies, albeit for a relatively short period of time, is plasmapheresis (186).

Plasmapheresis involves removing the liquid portion (plasma) of a patient's blood, then returning the red and white blood cells to the patient without the plasma.

Although not done for this reason, the process would be expected to remove much of the methanol from the bloodstream reducing its concentration substantially in the tissues.

Transfusions (43) seem also to have similar effect.

Viewing methanol toxicity as the ethnologic cause of MS seems to answer all of the nagging question and unexplained anomalies that have stalled the cure for this increasingly persistent disease.

Consumption of aspartame always results in methanol consumption (14, 48, 51).

Methanol will always convert to formaldehyde where it finds an idle ADH (30).

When this happens in the brain any protein changed by the formaldehyde will be destroyed by white blood cells (20, 23, 24, 25).

The protein most likely destroyed would be myelin basic protein MBP found in the axons.

Over a long enough period of time, even without concomitant antibody production, there are those who would call this MS (44).

This ends my case for considering methanol to be the cause for multiple sclerosis.

Call all this hypothesis and circumstantial evidence if you like.

The best experiment to confirm it would never have been allowed by any human subjects committee even though it has been going on for 27 years; and as far as I am concerned it is time to call the experiment complete and to count the bodies.

Woodrow C. Monte Ph.D. Professor of Food Science (retired) Page, Arizona

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

000268

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 3:41 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: over 200 references for 3 aspartame (methanol, formaldehyde) toxicity reviews re multiple sclerosis and breast cancer, WC Monte, PhD, Fitness Life, 2008 winter issues: Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

over 200 references for 3 aspartame (methanol, formaldehyde) toxicity reviews re multiple sclerosis and breast cancer, WC Monte, PhD, Fitness Life, 2008 winter issues: Murray 2008.02.12

old tiger roars -- Woodrow C Monte, PhD -- aspartame causes many breast cancers, as ADH enzyme in breasts makes methanol from diet soda into carcinogenic formaldehyde -- same in dark wines and liquors, Fitness Life 2008 Jan.: Murray 2008.02.11
http://rmforall.blogspot.com/2008_02_01_archive.htm
Monday, February 11, 2008
http://groups.yahoo.com/group/aspartameNM/message/1517

Woodrow C. Monte Ph.D.
Professor of Food Science, Arizona State University (Retired) Page, Arizona
woodymonte@canyoncountry.net;

I have within the last 3 months published 3 additional articles chronicling, in detail, the aftermath of 27 years of Aspartame poisoning of the general public (78, 194, 202).

These articles and all of the reference material that they draw on are freely available on my website:
http://www.thetruthaboutstuff.com/

1. Monte WC. 1994.
Aspartame; Methanol and the Public Health.
Journal of Applied Nutrition. 36(1): 42

2. Monte WC, Glanzman D. and Johnston CS. 1990.
Methanol as a Model Etiologic Agent in Multiple Sclerosis.
FASEB 74th annual meeting Feb 26; 4(3): Abstract

3. Personal Comunication, 2006. Bill Richardson, 1/1/2006.

4. Kallen RG, Jencks WP. 1966.
Equilibria for the Reaction of Amines with Formaldehyde and Protons in Aqueous Solution.
J Biol Chem. 241 (24): 5864

5. Henzi, H. 1980.
The Methanol Hypothesis A New Concept of Multiple Sclerosis:
(M Sr N), Juris Druck, Zurich (1980)

6. Schwyzer, RU. Henzi, H. 1983.
Multiple Sclerosis: Plaques Caused by 2-Step Demyelination?
Medical Hypothesis. 12: 129

7. Trocho C., Pardo R, Fafecas I, Virgili J, Remesar X, Fernandez-Lopez, J A.
Formaldehyde derived from dietary aspartame binds to tissue components in vivo.
Life Sci. 1988: 63: 337

000269

8. Henzi, H. 1984.
Chronic Methanol Poisoning with the Clinical and Pathologic-Anatomical Features of Multiple Sclerosis.
Medical Hypothesis. 13: 63

9. Schwyzer, RU. Henzi, H. 1988.
Reflections on the Pathogenesis of Optic (Retrobulbar) Neuritis in Multiple Sclerosis.
Medical Hypothesis. 27: 167

10. Schwyzer, RU. Henzi, H. 1992.
Multiple Sclerosis: Prevention of Serious Illness -- Vision of a Desired Future for Newly Ascertained Patients.
Medical Hypothesis. 37:115

11. Rousseau M-C, Straif K, Siemiatycki J. 2005.
IARC Carcinogen Update.
Environmental Health Perspectives. 113, (9) A580

12. Apol AG. 1981.
Health Hazard Evaluation Report. PB82-19464 8.
NIOSH
U. S .Dept. of Health and Human Services HETA. 81-177, 178, 988 University of Washington, Seattle, Washington

13. Center for Disease Control 1976.
Occupational Exposure to Methyl Alcohol.
U.S. Department of Health, Education, and Welfare HEW.NIOSH Pub No .(76-148)

14. Anonymous1984.
Aspartame for use as a Sweetener in Carbonated Beverages.
Searle Research and Development.
Petition submitted to the United States Food and Drug Administration -- FAP 2A3661

15. Eisenberg AA. 1917.
Visceral Changes in Wood Alcohol Poisoning by Inhalation.
American Journal of Public Health. 7: 765

16. Bennett IL, Cary FH, Michell GL, and Cooper MN. 1953.
Acute Methyl Alcohol Poisoning; A Review Based on Experience in an Outbreak of 323 Cases.
Medicine. 32: 431

17. Wimer WW, Russell JA, and Kaplan HL. 1983.
Alcohols Toxicology.
Alcohols Toxicology, Noyes Data Corporation. 8

18. Gaul HP, Wallace CJ, Auer RN, et al. 1995.
MR findings in methanol intoxication.
AJNR Am J Neuroradiol .1995; 16: 1783

19. Francot P and Geoffroy P. 1956.
Le Methanol dans les jus de fruits, les boissons, fermentees, les alcools et spiritueux.
Revue Des Fermentations Et Des Industries Alimentaires. 11: 279

20. Davoli F, Cappellini L, Airoldi L, Fanelli R. 1986.
Serum methanol concentrations in rats and in men after a single dose of aspartame.
Food Chem Toxicol. 24(3): 187

21. Schneck SA. 1979.
Methyl alcohol.
Handbook of Clinical Neurophysiology. 36: 351

22. Personal Communication

23. Horiuchi S, Takata K, and Morino Y. 1985.
Scavenger Receptor for Aldehyde-modified Proteins.
The Journal of Biological Chemistry. 261(11): 4962

000270

24. Horiuchi S, Takata K, and Morino Y. 1985.
Purification of a Receptor for Formaldehyde-treated Serum Albumin from Rat Liver.
The Journal of Biological Chemistry. 260(1): 482

25. Horiuchi S, Takata K, and Morino Y. 1985.
Characterization of a Membrane-associated Receptor from Rat Sinusoidal Liver Cells That Binds Formaldehyde-treated Serum Albumin.
The Journal of Biological Chemistry. 260(1): 475

26. Metz B, Jiskoot W, Hennink WE, Crommelin DGA, and Kersten GFA. 2003.
Physicochemical and immunochemical techniques predict the quality of diphtheria toxoid vaccines.
Vaccine. 22: 156-167

27. Streitwieser A and Heathcock CH. 1985.
Introduction to Organic Chemistry.
Macmillan Publishing Co. 3rd Ed.: 357

28. Kirchner JG and Miller JM. 1967.
Volatile Water-Soluble and Oil Constituents of Valencia Orange Juice.
Agricultural and Food Chemistry. 5(4): 283

29. Lund ED, Kirkland CL, and Shaw PE. 1981.
Methanol, Ethanol, and Acetaldehyde Contents of Citrus Products.
Agricultural and Food Chemistry. 29: 361

30. Koivusalo M. 1956.
Studies on the Metabolism of Methanol and Formaldehyde in the Animal Organism.
Acta Physiologica Scandinavica. 39: 1

31. Buys CHCM, De Jong ASH, Bouma JMW, and Gruber M. 1975.
Rapid Uptake by Liver Sinusoidal Cells of Serum Albumin Modified with Retention of its Compact Conformation.
Biochimica et Biophysica Acta. 392: 95

32. Buys CHCM, Elferink GL, Bouma JMW, Gruber M, and Nieuwenhuis P. 1973.
Proteolysis of Formaldehyde-treated Albumin in Kupffer Cells and Its Inhibition by Suramin.
Journal of the Reticuloendothelial Society. 14: 209

33. Gruner O and Bilzer N. 1983.
Methanol content of fruit-juices.
Its significance in congener analysis.
Blutalkohol. 20: 241

34. Casey JC, Self R, and Swain T. 1963.
Origin of Methanol and Dimethyl Sulphide from Cooked Foods.
Nature. 200: 885

35. Braverman JBS and Lifshitz A. 1957.
Pectin Hydrolysis in Certain Fruits during Alcoholic Fermentation.
Food Technology. July: 356

36. Campbell LA and Palmer GH. 1994.
Pectin in Topics in Dietary Fiber Research.
Pectin in Topics in Dietary Fiber Research, Spiller GA and Amen RJ (eds.).
Plenum Press, New York, 105

37. Fink WH. 1994.
The ocular pathology of methyl-alcohol poisoning.
Amer J Ophthal. 26: 694, 802

38. Millman RB. 1982.
Alcohol; The Friendly Foe.
In Science Year,
The World Book Science Annual. 112

000271

39. Gordon G. 1987.
UPI Investigative Report:
NutraSweet Questions Swirl (How Sweet It Isn't).
Seattle Times. Oct.:

40. Tephly TR. 1999.
Comments on the purported generation of formaldehyde from the sweetener aspartame.
Life Sci. 65: 157-160.
[letter, not peer-reviewed]

41. Lutton JD, Winston R, Rodman TC. 2004.
Multiple Sclerosis: Etiological Mechanisms and Future Directions.
Experimental Biology and Medicine. 229: 12-20

42. Eisenberg AA. 1917.
Visceral Changes in Wood Alcohol Poisoning by Inhalation.
American Journal of Public Health. 7: 765

43. Alexander L, Berkeley AW, and Alexander AM. 1961.
Multiple Sclerosis Prognosis and Treatment.
Multiple Sclerosis Prognosis and Treatment.
Charles C Thomas Publisher USA

44. Hallpike JF, Adams CWM, and Tourtellotte WW. 1983.
Multiple Sclerosis: Pathology, diagnosis and management, Williams & Wilkins, Baltimore

45. History of MS, 2007.
Multiple Sclerosis Trust,
http://www.mstrust.org.uk/information/a2z/history.jsp

46. The History of Food Canning.
http://www.westlerfoods.com/pdf/canning_process.pdf

47. Scientific Abuse in Methanol / Formaldehyde Research related to Aspartame.
http://www.holisticmed.com/aspartame/abuse/methanol.html
Aspartame Toxicity Information Center Mark D. Gold
12 East Side Drive #2-18 Concord, NH 03301 603-225-2100
http://www.HolisticMed.com/aspartame mgold@holisticmed.com

48. Anonymous1994.
Aspartame for use as a Sweetener in Carbonated Beverages.
Searle Research and Development.
Petition submitted to the United States Food and Drug Administration -- FAP 2A3661

49. Methanol Danger Sign.
T&B Westline.

50. Soffritti M, Belpoggi F, Esposti DD, Lambertini L, Tibaldi E, and Rigano A. 2006.
Results of Long-Term Carcinogenicity Bioassay on Sprague- Dawley Rats Exposed to Aspartame Administered in Feed.
Ann. N.Y. Acad. Sci. 1076: 559

51. Soffritti M, Belpoggi F, Cevolani D, Guarino M, Padovani M, and Maltoni C. 2002.
Results of Long-Term Results of Long-Term Experimental Studies on the Carcinogenicity of Methyl Alcohol and Ethyl Alcohol in Rats N.Y. Acad. Sci. 982: 46

52. Roe O. 1982.
Species Differences in Methanol Poisoning.
Crit Rev Toxicol. 1982 Oct; 10(4): 275-86. Review.
No abstract available. PMID: 6756793

53. Rao KR, Aurora AL, Muthaiyan S, Ramakrishnan S. 1977.
Methanol toxicity - an experimental study.
Bull. Jawaharlal Inst. Post-Grad. Med. Educ. Res. 2: 1

54. Walton, R.G., R. Hudak, and R.J. Green-Waite. 1993.

000272

Adverse Reactions to Aspartame: Double-Blind Challenge in Patients from a Vulnerable Population.
Biological Psychiatry. 34: 13

55. Smith EN and Taylor RT. 1982.
Acute Toxicity of Methanol in the Folate-Deficient Acatalasemic Mouse.
Toxicology 25(4): 271-87

56. Thomas P. 2005.
Aspartame: The Shocking Story of the World's Bestselling Sweetener.
The Ecologist. Sept. 36

57. Department of Health and Human Services U.S. FDA. 1979.
Decision of the Public Board of Inquiry
(Docket No. 75F-0355).
44 Fed. Reg. 31716

58. Center for Disease Control 1984.
Evaluation of Consumer Complaints Related to Aspartame Use.
Morbidity and Mortality Weekly Report. 33: 605

59. Center for Disease Control 1976.
Occupational Exposure to Methyl Alcohol.
U.S. Department of Health, Education, and Welfare HEW.NIOSH Pub No. (76-148).

60. Office of Hon Pete Hodgson, NZ Minister of Health. 2007.
Personal Communication

61. Frankenburg WG. 1950.
Chemical Changes in the Harvested Tobacco Leaf.
Part II. Chemical and Enzymic Conversions during Fermentation and Aging.
Advances in Enzymology. 10: 351

62. Neuberg C. Kobel M. 1939.
Uber die encymatische Abspaltung von Methylalkohol aus Pektin durch ein Ferment dis Tabaks.
Zeitschrift für Lebensmitteluntersuchung und-Forschung A.
77(3): 272

63. Newsome JR, Normal V, and Keith CH. 1965.
Vapor Phase Analysis of Cigarette Smoke.
Tobacco Science. 9: 102

64. Larsson BT. 1965.
Gas Chromatography of Organic Volatiles in Human Breath and Saliva.
Acta Chemica Scandinavica. 19: 159

65. Fellenberg T von. 1918.
Uber den Nachweis und die Bestimmung des Methylalkohols, sein Vorkommen in den verschiedenen Nahrungsmitteln und das Verhalten der methylalkoholhaltland.
Biochem Z. 85: 45

66. Kertesz ZI. 1951.
The Pectic Substances.
The Pectic Substances.
New York; Interscience Publishers Inc.

67. Hernan MA. Olek MJ. Ascherio A. 2001.
Cigarette Smoking and Incidence of Multiple Sclerosis.
American Journal of Epidemiology. 154: 69-74

68. Miguel AH, Jick SS, Logroscino G, Olek MJ, Ascherio A, and Jick H. 2005.
Cigarette smoking and the progression of multiple sclerosis.
Brain. 128(6): 1461-1465

000273

69. Barclay L, Lie D. 2005.
Smoking May Transform Relapsing-Remitting MS Into Secondary Progressive MS.

Brain. Posted online March 9, 2005. www.medscape.com/viewarticle/503872?rss

70. Hernán MA, Jick SS, Logroscino G, Olek MJ, Ascherio A, Jick H. 2005.
Cigarette smoking and the progression of multiple sclerosis.
Brain. 128(Pt 6): 1461-5. Epub 2005 Mar 9

70a. Brey RL. 2003.
Cigarette smoking and MS: Yet another reason to quit.
Neurology. Oct 28; 61(8): E11-2

70b. Costenbader KH, Karlson EW. 2006.
Cigarette smoking and autoimmune disease: what can we learn from epidemiology?
Lupus. 15(11): 737-45

70c. Riise T, Nortvedt MW, Ascherio A. 2003.
Smoking is a risk factor for multiple sclerosis.
Neurology. Oct 28; 61(8): 1122-4

70d. Hernán MA, Olek MJ, Ascherio A. 2001.
Cigarette smoking and Incidence of Multiple Sclerosis.
American Journal of Epidemiology. 154(1): 69-74

71. Nortvedt MW, Riise T, Maeland JG. 2005.
Multiple sclerosis and lifestyle factors:
The Hordaland Health Study.
Neurol Sci. 26: 334-339

72. Bamford RB, Sibley WA, and Thies C. 1983.
Seasonal variation of multiple sclerosis exacerbations in Arizona.
Neurology. 33: 697-701

72a. Ogawa G, Mochizuki H, Kanzaki M, Kaida K, Motoyoshi K, Kamakura K. 2003.
Seasonal variation of multiple sclerosis exacerbations in Japan.
Neurol Sci. 24: 417-419

72b. Abella-Corral J, Prieto JM, Dapena-Bolaño D, Iglesias-Gómez S, Noya-García M, Lema M. 2005.
(Seasonal variations in the outbreaks in patients with multiple sclerosis) Rev Neurol. 40(7): 394-396.

73. Hardy CJ, Palmer BP, Muir KR, Sutton AJ, Powell RJ. 1998.
Smoking history, alcohol consumption, and systemic lupus erythematosus: a case-control study.
Ann Rheum Dis. 57: 451-455

74. Landtblom A-M, Flodin U, Sodeifeldt B, Wolfson C, Axelson O. 1996.
Organic Solvents and Multiple Sclerosis:
A Synthesis of the Current Evidence.
Epidemiology. Vol. 7(4) 429-433

75. Grabenstein JD. 2006.
Excipient content of U.S. Vaccines.
ImmunoFacts:
Vaccines & Immunologic Drugs.
St. Louis, MO: Wolters Kluwer Health Inc.

76. Weiner HL, Dau PC, Khatri BO, Petajan JH, Birnbaum G, McQuillen MP, Fosburg MT, Feldstein M, Orav EJ. 1989.
Double-blind study of true vs. sham plasma exchange in patients treated with immunosuppression for acute attacks of multiple sclerosis.
Neurology. 39(9): 1143-9.

77. Hirtz D, Thurman DJ, Gwinn-Hardy K, Mohamed M, Chaudhuri AR, Zalutsky R. 2007.
How common are the "common" neurologic disorders?
Neurology. 68: 326-337

78. Monte WC. 2007.

000274

Sickly Sweet: Is your Diet Sweetener Killing You?
Fitness Life. 33: 30-33

79. Corona T, Roman GC. 2005.
Multiple Sclerosis in Latin America.
Neuroepidemiology. 26: 1-3

79a. Celius EG, Vandvik B. 2001.
Multiple sclerosis in Oslo, Norway: prevalence on
1 January 1995 and incidence over a 25-year period.
European Journal of Neurology. 8(5) 463

79b. Barnett MH, Williams DB, Day S, Macaskill P, McLeod JG. 2003.
Progressive increase in incidence and prevalence of multiple sclerosis in Newcastle, Australia: a 35-year study.
J Neurol Sci. 15; 213(1-2): 1-6.

79c. Sumelahti ML, Tienari PJ, Wikström J, Palo J, Hakama M. 2001.
Increasing prevalence of multiple sclerosis in Finland.
Acta Neurol Scand. 103(3): 153-8

79d. Pugliatti M, Sotgiu S, Solinas G, Castiglia P, Pirastru MI, Murgia B, Mannu L, Sanna G, Rosati G. 2001.
Multiple sclerosis epidemiology in Sardinia:
evidence for a true increasing risk.
Acta Neurol Scand. 103(1): 20-6

79e. Sundström P, Nyström L, Forsgren L. 2003.
Incidence (1988-97) and prevalence (1997) of multiple sclerosis in Västerbotten County in northern Sweden.
J Neurol Neurosurg Psychiatry. 74(1): 29-32

79f. Pugliatti M, Riise T, Sotgiu MA, Sotgiu S, Satta WM, Mannu L, Sanna G, Rosati G. 2005.
Increasing incidence of multiple sclerosis in the province of Sassari, northern Sardinia.
Neuroepidemiology. 25(3): 129-34. Epub 2005 Jun 29

79g. Pozzilli C, Romano S, Cannoni S. 2002.
Epidemiology and current treatment of multiple sclerosis in Europe today.
J Rehabil Res Dev. 39(2): 175-85

79h. Pugliatti M, Sotgiu S, Rosati G. 2002.
The worldwide prevalence of multiple sclerosis.
Clin Neurol Neurosurg. 104(3):182-91.

79i. Gallagher L, Lea R. 2005.
The epidemiology of multiple sclerosis in New Zealand.
N Z Med J. 118(1212): U1396.

79j. Ranzato F, Perini P, Tzintzeva E, Tiberio M, et. al. 2003.
Increasing frequency of multiple sclerosis in Padova, Italy:
a 30 year epidemiological survey.
Mult Scler. 9(4): 387-92

80. Grimaldi LM, Palmeri B, Salemi G, Giglia G, D'Amelio M, Grimaldi R, Vitello G, Ragonese P, Savettieri G. 2007.
High prevalence and fast rising incidence of multiple sclerosis in Caltanissetta, Sicily, southern Italy.
Neuroepidemiology. 28(1): 28-32. Epub 2006 Dec 8

80a. Barnett MH, Williams DB, Day S, Macaskill P., McLeod JG. 2003.
Progressive increase in incidence and prevalence of multiple sclerosis in Newcastle, Australia: a 35-year study.
J Neurol Sci. 15; 213(1-2): 1-6

80b. Granieri E, Casetta I, Govoni V, Tola MR, Marchi D, Murgia SB, Ticca A, Pugliatti M, Murgia B, Rosati G. 2000.

The increasing incidence and prevalence of MS in a Sardinian province.
Neurology. 26; 55(6): 842-8

80c. Grimaldi LM, Salemi G, Grimaldi G, Rizzo A, Marziolo R, Lo Presti C, Maimone D, Savettieri G. 2001.
High incidence and increasing prevalence of MS in Enna (Sicily), southern Italy.
Neurology. 57(10): 1891-3

81. Kira J. 2006 .
Epidemiology of multiple sclerosis in Japan:
with special reference to opticopsinal multiple sclerosis.
Rinsho Shinkeigaku. 46(11): 859-62

81a. Tanaka K, Kujuro Y, Suzuki S, Tanahashi N, Hamada J, Nogawa S, Suzuki N. 2005.
Clinical and laboratory features of in-patients with multiple sclerosis in a University Hospital in Tokyo from 1988-2002.
Intern Med. 2005 Jun; 44(6): 560-6

82. Access Economics, 2005.
Acting Positively: Strategic Implications of the Economic Costs of Multiple Sclerosis in Australia.
www.ms.org.au/msinformation/articles/
MSFINALREPORTWINTER2005.pdf

83. Lazoff M. 2005.
Multiple Sclerosis Symptoms.
eMedicin WebMD
www.emedicine.com/emerg/topic321.htm
#section%7Eauthor_information

84. Waksman B. 1985.
Mechanisms in multiple sclerosis.
Nature. 318: 104

85. Leibowitz U and Alter M. 1973.
Multiple Sclerosis: Clues to its cause.
North-Holland Publishing Co.

86. Kieseier B, Hemmer B, Hartung HP. 2005.
Multiple Sclerosis -- novel insights and new therapeutic strategies.
Current Opinion in Neurology. 18: 211- 220

87. Ibrahim SM, Gold R. 2005.
Genomics, promeomics, metabolomics:
what is in a word for multiple sclerosis.
Current Opinion in Neurology. 18: 231-5

88. Wikipedia, the free encyclopedia. 2007.
Glial cell.
http://en.wikipedia.org/wiki/Glial_cell

89. National Toxicology Program,
U.S. Department of Health and Human Services. 2001.
NTP-CERHR Expert Panel Report on Reproductive and Developmental Toxicity of Methanol, Draft 7/17/01.

90. Gallegher L, Lea R. 2005.
The epidemiology of multiple sclerosis in New Zealand.
The New Zealand Medical Journal 118: 1212

91. Boyles S. 2007.
MS Increasingly a Woman's Disease.
MedicineNet.com
www.medicinenet.com/script/main/art.asp?articlekey=80722

000276

91a. Cutter G. et. al. 2007.
Changes in the Sex Ratio over Time in Multiple Sclerosis.

59th Annual Meeting of the American Academy of Neurology, Boston April 28 - May 5

91b. Hernán MA, Olek MJ, Ascherio A. 1999.
Geographic variation of MS incidence in two prospective studies of US women.
Neurology. 53(8): 1711-8

91c. Noonan CW, Kathman SJ, White MC. 2002.
Prevalence estimates for MS in the United States and evidence of an increasing trend for women.
Neurology. 58(1): 136-8

92. Health Effects Institute 1999.
Reproductive and offspring Developmental Effects Following Maternal Inhalation Exposure to Methanol in Nonhuman Primates. Research Report Number 89.

93. Anonymous1984.
Evaluation of Consumer Complaints Related to Aspartame Use.
Morbidity and Mortality Weekly Report. 33: 605

94. Frezza M, di Padova C, Pozzato G, Terpin M, Baraona E, Lieber CS. 1990.
High blood alcohol levels in women. The role of decreased gastric alcohol dehydrogenase activity and first-pass metabolism.
N Engl J Med. 322(2): 95-9

95. Pugliatti M, Sotgiu S, Solinas G, Castiglia P, Rosati G. 2001.
Multiple sclerosis prevalence among Sardinians:
further evidence against the latitude gradient theory Neurol Sci. 2001 Apr; 22(2): 163-5

95a. Rosati G. 2001.
The prevalence of multiple sclerosis in the world: an update Neurol Sci. 22: 117-139

96. Mahalik MP and Gautieri RF. 1984.
Reflex Responsiveness of CF-1 Mouse Neonates Following Maternal Aspartame Exposure.
Res Commun in Psych. 9: 385

97. National Toxicology Program,
U.S. Department of Health and Human Services. 2002.
NTP-CERHR Expert Panel Report on Reproductive and Developmental Toxicity of Methanol NTP-CERHR-MeOH-02.

98. FightingAutism.org
Number of Cases.
http://www.fightingautism.org/idea/autism.php?

99. Gettler AO, St.George AV. 1918.
Wood Alcohol Poisoning.
Journal of the American Medical Association. 70: 145.

100. Sturtevant FM. 1985.
Use of Aspartame in Pregnancy.
Int J Fertil. 30(1): 85

101. Anonymous1982.
Therapeutic claims in multiple sclerosis.
National Multiple Sclerosis Society.
National Multiple Sclerosis Society. Jan.: 49

102. Sturtevant FM. 1985.
Does Aspartame Cause Methanol Toxicity?
Fd Chem Toxic. 23(10): 961

103. Infurna R. Weiss B. 1986.
Neonatal Behavioral Toxicity in Rats Following Prenatal Exposure to Methanol.
Teratology. 33: 259-265

103a. Infurna R, Schubin W, and Weiss B. 1981.
Developmental Toxicology of Methanol.

000277

Toxicologist. 1: 32

104. Bolon B, Dorman DC, Janszen D, Morgan KT, Welsch F. 1993.
Phase-specific developmental toxicity in mice following maternal methanol inhalation.
Fundam Appl Toxicol. 21(4): 508-16

105. Dorman DC, Bolon B, Struve MF, LaPerle KM, Wong BA, Elswick B, Welsch F. 2005.
Role of formate in methanol-induced exencephaly in CD-1 mice. Teratology.
52(1): 30-40.

106. Potts AM, Praglin J, Farkas J, Orbison L, and Chickering D. 1976.
Studies on the Visual Toxicity of Methanol.
VIII. Additional Observations on Methanol Poisoning in the Primate Test Object.
Amer J Ophthal. 40: 76

107. Kavet R and Nauss KM. 1990.
The Toxicity of Inhaled Methanol Vapors.
Critical Reviews in Toxicology. 21: 21

108. Rabinovitch and MD IM. 1922.
Biochemical Studies in a Fatal Case of Methyl Alcohol poisoning. Archives of Internal Medicine, Chicago. 29: 821

109. Kane RL, Talbert W, Harlan J, Sizemore G, and Cataland S. 1968.
A methanol poisoning outbreak in Kentucky.
A clinical epidemiological study.
Arch Environm Hlth. 17: 119

110. Menne FR. 1935.
Acute Methyl Alcohol Poisoning, a Report of Twenty-Two Instances with Postmortem Examinations.
Archives of Pathology. 26: 77

111. Bennett IL, Cary FH, Michell GL, and Cooper MN. 1953.
Acute Methyl Alcohol Poisoning; A Review Based on Experience in an Outbreak of 323 Cases.
Medicine. 32: 431

112. Kini MM and Cooper JR. 1961.
Biochemistry of Methanol Poisoning
III; The Enzymic Pathway for the Conversion of Methanol to Formaldehyde.
Biochemical Pharmacology. 8: 207

113. Kini MM and Cooper JR. 1962.
Biochemistry of Methanol Poisoning;
The Effect of Methanol and its Metabolites on Retinal Metabolism.
Biochemical Journal. 82: 164

114. French D and Edsall JT. 1945.
The Reactions of Formaldehyde with Amino Acids and Proteins.
Adv. Protein Chem .2: 277

115. Leaf G and Zatman LJ. 1952.
A Study of the Conditions Under Which Methanol May Exert a Toxic Hazard in Industry.
British Journal of Industrial Medicine. 9: 19

116. Cooper JR and Kini MM. 1962.
Biochemical Aspects of methanol Poisoning.
Biochemical Pharmacology. 11: 405

117. Cooper JR and Felig P. 1961.
The Biochemistry of Methanol Poisoning.
II. Metabolic Acidosis in the Monkey.
Toxicol. Appl. Pharmacol. 3: 202

000278

118. Clay KL, Murphy RC, and Watkins WD. 1975.
Experimental Methanol Toxicity in the Primate; Analysis of Metabolic Acidosis.
Toxicol. Appl. Pharmacol. 34: 49

119. McLean DR, Jacobs H, and Mielke BW. 1979.
Methanol Poisoning A Clinical and Pathological Study.
Annals of Neurology. 8: 161

120. Posner HS. 1975.
Biohazards of Methanol in Proposed New Uses.
J. Toxicol. Environ. Health. 1: 153

121. Stegink LD, Filer LJ, Tephly TR.
Aspartame -- The Book,
Marcel Dekker, Inc New York

122. von Oettingen WF. 1943.
The Aliphatic Alcohols:
Their Toxicity and Potential Dangers in Relation to Their Chemical Constitution and Their Fate in Metabolism.
Public Health Bulletin. 281: 1

123. Siragusa RJ, Cerda JJ, Baig MM, Burgin CW, and Robbins FL. 1988.
Methanol production from the degradation of pectin by human colonic bacteria.
American Journal of Clinical Nutrition. 47: 848

124. Nelson BK, Brightwell WS, MacKenzie DR, Khan A, Burg JR, Weigel WW, and Goad P. 1985.
Teratological Assessment of Methanol and Ethanol at High Inhalation Levels in Rats.
Fundam Appl Toxicol. 5: 727

125. Sollmann T. 1920.
Studies of chronic intoxications on albino rats.
II. Alcohol; Methyl, ethyl, "wood" and acetone.
J Pharmacol Exper Therap. 16: 291

126. Victor M. 1977.
Some Observations on the Neurological Effects of Alcohol Intoxication and Withdrawal.
Neurotoxicology.
Raven Press, New York 517

127. Smith SR, Smith SJM, and Buckley BM. 1981.
Combined Formate and Lactate Acidosis in Methanol Poisoning.
The Lancet. 1: 1295

128. Fulop, M. 1982.
Methanol Intoxication.
The Lancet. Feb.: 338

129. Roe, O. 1948.
The Ganglion Cells of the Retina in Cases of Methanol Poisoning in Human Beings and Experimental Animals.
Acta Opthalmologica .26: 169

130. Potts AM. 1984.
The Aliphatic Alcohols.
Handbook of Experimental Pharmacology.
69(Pharm. Eye): 639

131. Martin-Amat G, McMartin KE, Hayreh SS, Hayreh MS, and Tephly TR. 1978.
Methanol Poisoning Ocular Toxicity Produced by Formate.
Toxicology and Applied Pharmacology. 45: 201

132. Makar AB, Tephly TR, and Mannering GJ. 1968.
Methanol Metabolism in the Monkey.
Molecular Pharmacology. 4: 471

133. Majchrowicz E. 1973.
Biochemical Pharmacology of Ethanol.
Biochemical Pharmacology of Ethanol.
Plenum Press, New York 122

000279

134. Majchrowicz E and Mendelson JH. 1971.
Blood Methanol Concentrations During Experimentally Induced Ethanol Intoxication in Alcoholics.
The Journal of Pharmacology and Experimental Therapeutics.
179: 293

135. Magrinat G, Dolan JP, Biddy RL, Miller LD, and Korol B. 1973.
Ethanol and Methanol Metabolites in Alcohol Withdrawal.
Nature. 244: 234

136. Walder AI, Redding JS, Faillace L, and Steenberg W. 1969.
Rapid Detoxification of the Acute Alcoholic with Hemodialysis.
Surgery. 66: 201

137. Guggenheim MA, Couch JR, and Weinberg W. 1971.
Motor Dysfunction as a Permanent Complication of Methanol Ingestion.
Archives of Neurology. 24: 550

138. Scott E, Helz MK, and McCord CP. 1933.
The Histopathology of Methyl Alcohol Poisoning.
American Journal of Clinical Pathology. 3: 311

139. Keyvan-Larijarni H and Tannenberg AM. 1974.
Methanol Intoxication; Comparison of Peritoneal Dialysis and Hemodialysis Treatment.
Arch Intern Med. 134: 293

140. Gronning M, Albrektsen G, Kvale G, Moen B, Aarli JA, Nyland H. 1993.
Organic solvents and multiple sclerosis: a case-control study.
Acta Neurol Scand. 88: 247-250

141. Agner K, Hook O, and von Porat B. 1949.
The Treatment of Methanol Poisoning with Ethanol With Report of Two Cases.
Quarterly Journal of Studies on Alcohol. 9: 515

142. Roe O. 1950.
The roles of Alkaline salts and Ethyl Alcohol in the treatment of Methanol Poisoning (1164).
Quart. J. Stud. Alcohol. 11: 107

143. Erlanson P, Fritz H, Hagstam K-E, Liljenberg B, Tryding N, and Voigt G. 1965.
Severe Methanol Intoxication.
Acta Medica Scandinavica. 177(4): 393

144. Browning E. 1965.
Methanol Toxicology.
In Toxicity and Metabolism of Industrial Solvents.
Elsevier Publishing Company, New York 315-323

145. Humphries P. Pretorius E. Naud H. 2007.
Direct and indirect cellular effects of aspartame on the brain.
Eur J Clin Nutr. Aug 8; 1-12

146. Isaacs R. 1920.
Acute Methyl Alcohol Poisoning.
J. Am. Med. Assoc. or JAMA. 75: 718

147. Pick L and Bielschowsky M. 1912.
Ueber histologische Befunde im Auge
and im Zentralnervensystem des
Menschen bei akuter todlicher Vergiftung mit Methylalkohol.
Klin Wschr. 49: 888

148. Sharpe JA, Hostovsky M, Bilbao JM, and Rewcastle NB. 1982.
Methanol optic neuropathy; A histopathological study.
Neurology (Ny) 32: 1093

000280

149. Waksman BH and Reynolds WE. 1984.
Multiple Sclerosis as a Disease of Immune Regulation (41798). Proceedings of the Society for Experimental Biology and Medicine. 175: 282

150. Pohl J. 1893.
Ueber die Oxydation des Methyl Und Aethylalkohols im Thierkorper.
Naunyn-Schmiedeberg's Arch exp Path Pharmak. 31: 281

151. Anderson CA, Rubinstein D, Filley CM, Stears JC. 1997.
MR enhancing brain lesions in methanol intoxication.
J Comput Assist Tomogr. 1997 Sep-Oct; 21(5): 834-6

152. Fackelmann KA. 1990.
Myelin on the Mend: Can antibodies reverse the ravages of multiple sclerosis?.
Science News. 137: 218

153. Wolfgang F. 1979.
What if Multiple Sclerosis isn't an Immunological or Viral Disease?
The Case for a Circulating Toxin.
Neurochemical Research. 4: 1-14

154. Adams CWM. 1981.
Histochemical Contributions to the Study of Multiple Sclerosis.
Histochemistry The Widening Horizons.
Edited by P.J. Stoward and J. M. Polak 163

155. Alexander L, Berkeley AW, and Alexander AM. 1961.
Multiple Sclerosis Prognosis and Treatment.
Multiple Sclerosis Prognosis and Treatment.
Charles C Thomas Publisher USA.

156. Brown MS and Goldstein JL. 1983.
Lipoprotein Metabolism in the Macrophage; Implications for Cholesterol Deposition in Atherosclerosis.
Annu Rev Biochem. 52: 223

157. Tephly TR. 1977.
Factors in Responses to the Environment. Introduction.
Federation Proceedings. 36(5): 1627

158. Blundell JE and Hill AJ. 1986.
Paradoxical Effects of an Intense Sweetener (Aspartame) on Appetite.
Lancet May: 1092

159. Coulombe RA Jr. and Sharma RP. 1986.
Neurobiochemical Alterations Induced by the Artificial Sweetener Aspartame (NutraSweet).
Toxicology and Applied Pharmacology. 83: 79

160. Walton RG (1128). 1986.
Seizure and Mania After High Intake of Aspartame.
Journal of the Academy of Psychosomatic Medicine, Apr.: 218

161. Roak-Foltz R and I. Leveille GA.Marcel Dekker. 1984.
Projected Aspartame Intake: Daily Ingestion of Aspartic Acid, Phenylalanine, and Methanol
Aspartame --The Book, Marcel Dekker, Inc New York 201

162. Main, R.H. 1903.
On The Toxicity of Methyl Alcohol in Extracts and Medicine.
Illinois Medical Journal .153

163. Koller, C. 1905.
Poisoning by Wood Alcohol: A case of Complete Blindness (Transitory) with Recovery of Vision.
Medical Record. lvxiii:10

164. Medical Record 1905.
Excerpts from Doctors Letters.

000281

165. Wood, C.A. 1906.
Death and Blindness as a Result of Poisoning by Methyl Alcohol or Wood Alcohol and Its Various Preparations.
International Clinics; A Quarterly of Clinical Lectures. 16: 68

166. Kritchevsky M. 1988.
Multiple Sclerosis.
In Wiederholt WC, Ed. Neurology for Non-eurologists.
Philadelphia, Harcourt.

167. Blaivas JG. 1984.
Evaluation of Urinary Bladder Symptoms in Multiple Sclerosis.
The Diagnosis of Multiple Sclerosis.
Ed.: Poser CM.
Thieme-Stratton Inc. 76

168. Kurtzke JF. 1980.
Epidemiologic contributions to multiple sclerosis; An overview.
Neurology. 30(7): 61

169. Matthews B. 1978.
Multiple sclerosis The Facts.
Multiple sclerosis The Facts.
Oxford University Press.

170. Mawdsley C and Mayer RF. 1965.
Nerve Conduction in Alcoholic Polyneuropathy.
Brain. 88: 335

171. Benton CD and Calhoun FP. 1952.
The Ocular Effects of Methyl Alcohol Poisoning. Report of a Catastrophe involving Three Hundred and Twenty Persons.
Trans Amer Acad Ophthal Otolaryng. 56: 875

172. Yano K, Rhoads GG, and Kagan A. 1977.
Coffee, Alcohol and Risk of Coronary Heart Disease Among Japanese Men Living in Hawaii.
New England Journal of Medicine. 297: 405

173. Lester D. 1961.
Endogenous Ethanol; A Review.
Quarterly Journal of Studies on Alcohol. 22: 555

174. Lester D. 1962.
The Concentration of Apparent Endogenous Ethanol.
Q. J. Stud. Alcohol. 23: 17

175. Lieber CS and DeCarli LM. 1970.
Hepatic Microsomal Ethanol-Oxidizing System. In vitro characteristics and adaptive properties in vivo.
The Journal of Biological Chemistry. 245: 2505

176. Klatsky AL, Friedman GD, and Siegelaub AB. 1981.
Alcohol and Mortality.
Annals of Internal Medicine. 95: 139

177. Hoque M, Monte WC, and Johnston CS. 1988.
Methanol Neuropathy A Histological Study on Long-Evans Rats.
FASEB J. 25; 2(6): A513

178. Benditt EP. 1994.
The Origin of Atherosclerosis.
Scientific American. 236: 74

179. Metz, B. GFA Kersten GFA. Jong A. Meiring H. 2005.
Identification of formaldehyde-induced modifications in proteins:
reactions with diphtheria toxin

000282

http://igitur-archive.library.uu.nl/dissertations/
2005-0303-105230/c7.pdf

180. Gombos K. et.al. 2007.
The effect of aspartame administration on oncogene and suppressor gene expressions.
In Vivo 21(1): 89-92

181. Grey DM. 1995.
Summary of Adverse Reactions Attributed to Aspartame.
US Department of Health and Human Services.
Personal Communication.

182. Humphries P. Pretorius E. and Naude H. 2007.
Direct and indirect cellular effects of aspartame on the Brain.
European Journal of Clinical Nutrition 2007: 1-12

183. Parthasarathy NJ. Kumar RS. Manikandan S. Devi RS 2006.
Methanol-Induced Oxidative Stress in Rat Lymphoid Organs.
J. Occup Health .48: 20-27

184. Hawkes CW. 2002 .
Is multiple sclerosis a sexually transmitted infection.
J Neurol Neurosurg Psychiatry. 73(4): 439-43.

185. Kantarci O. Wingerchuk D. 2006.
Epidemiology and natural history of multiple sclerosis: new insights.
Curr Opin Neurol. 19: 248-254

186. Dahshan A. Donovan K. 2001.
Auto-Brewery Syndrome in a Child With Short Gut Syndrome:
Case Report and Review of the Literature.
Journal of Pediatric Gastroenterology and Nutrition. 33: 214-215

187. Borras E. et. al. 2000.
Genetic Polymorphism of Alcohol Dehydrogenase in Europeans:
The ADH2*2 Allele Decreases the Risk for Alcoholism and Is Associated With ADH3*1.
HEPATOLOGY. Vol. 31, No. 4

188. Erickson SP, Kulkarni AB. 1963.
Methanol in Normal Human Breath.
Science 141: 639

189. Wood CA and Buller F. 1904.
Poisoning by Wood Alcohol.
JAMA .43: 972,1058, 1117, 1213, 1.

190. Kingsbury K. 2007.
The Changing Face Of Breast Cancer.
TIME Magazine. October 15th: 36

190a. Coutelle C. et al. 2004.
Risk Factors in Alcohol Associated Breast Cancer:
Alcohol Dehydrogenase Polymorphism and Estrogens.
International Journal of Oncology 25: 1127-1132

190b. Triano E. A. et al. 2003.
Class I Alcohol Dehydrogenase Is Highly Expressed in Normal Human Mammary Epithelium but not in Invasive Breast Cancer: Implications for Breast Carcinogenesis.
Cancer Research Arch. 63: 3092-3100

190c. Poschl G. and Seitz H. K. 2004.
Alcohol and Cancer (Review).
Alcohol & Alcoholism. 39(3): 155-165

191. Gram IT. et al. 2005.
Breast Cancer Risk Among Women Who Start Smoking as Teenagers.
Cancer Epidemiology, Biomarkers & Prevention. 14(1): 61-66

000283

192. Nagata C. et al. 2006.
Tobacco Smoking and Breast Cancer Risk: An Evaluation Based on a Systematic Review of Epidemiological Evidence among the Japanese Population.
Jpn J Clin Oncol. 36(6): 387-394

193. Kingsbury K. 2007.
The Changing Face Of Breast Cancer.
TIME Magazine. October 15th: 36

194. Monte WC. 2007.
A Deadly Experiment: MS & Aspartame Are They Linked?
Fitness Life .34: 36-43

195. Kurtzke JF. 2003.
Epidemiology and multiple sclerosis a personal review http://www.direct-ms.org/pdf/EpidemiologyMS/EpidemiologyMS.pdf

196. Godish, T. 1989.
Formaldehyde Exposures from Tobacco Smoke: A Review.
American Journal of Public Health. 79(8): 1044-1045

197. Bressler J. 1977.
The Bressler Report.
United States Food and Drug Administration EIR JSA/DME/JT/LF 4/25/77 to 8/4/77

198. Puchtler H, Meloan SN. 1985.
On the chemistry of formaldehyde fixation and its effect on immunohistochemical reactions.
Histochemistry. 82: 201-204

199. Taskinen HK. et al. 1999.
Reduced Fertility Among Female Wood Workers Exposed to Formaldehyde.
American Journal of Industrial Medicine. 36: 206-212

200. Metz B. et al 2004.
Identification of Formaldehyde-induced Modifications in Proteins.
The Journal of Biological Chemistry. 2799(8): 6235-6243

201. Hansen JM. Contreras KM. Harris C. 2004.
Methanol, Formaldehyde, and Sodium Formate Exposure in Rat and Mouse Conceptuses: A Potential Role of the Visceral Yolk Sac in Embryotoxicity.
Birth Defects Research (Part A). 73: 72-82

202. Monte WC. Bittersweet: Aspartame Breast Cancer Link. 2008.
Fitness Life. 2008 Feb. 34: 21-22

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

000284

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 3:58 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: 8 biochemical studies since summer 2005 on aspartame toxicity by teams in Greece, Hungary, Mexico, England -- detailed reviews: Rich Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

8 biochemical studies since summer 2005 on aspartame toxicity by teams in Greece, Hungary, Mexico, England -- detailed reviews: Rich Murray 2008.02.12

Food Chem Toxicol. 2007 Jun 16; [Epub ahead of print]
The effect of aspartame metabolites on the suckling rat
frontal cortex acetylcholinesterase. An in vitro study.
Simintzi I,
Schulpis KH, inchildh@otenet.gr,
Angelogianni P,
Liapi C,
Tsakiris S. stsakir@cc.uoa.gr,
Department of Experimental Physiology, Medical School,
University of Athens,
P.O. Box 65257, GR 15401 Athens, Greece.
http://groups.yahoo.com/group/aspartameNM/message/1459

Toxicology. 2007 May 18; [Epub ahead of print]
l-Cysteine and glutathione restore the reduction of rat hippocampal
Na(+),K(+)-ATPase activity induced by aspartame metabolites.
Simintzi I,
Schulpis KH,
Angelogianni P,
Liapi C,
Tsakiris S.
Department of Experimental Physiology,
Medical School, Athens University,
P.O. Box 65257, GR-15401 Athens, Greece.
http://groups.yahoo.com/group/aspartameNM/message/1447

Pharmacol Res. 2007 May 13; [Epub ahead of print]
The effect of aspartame on acetylcholinesterase activity in
hippocampal homogenates of suckling rats.
Simintzi I,
Schulpis KH,
Angelogianni P,
Liapi C,
Tsakiris S.
Department of Experimental Physiology,
Medical School, University of Athens,
P.O. Box 65257, GR-15401 Athens, Greece.
http://groups.yahoo.com/group/aspartameNM/message/1444

Eur J Clin Nutr. 2005 Dec 14; [Epub ahead of print]

The effect of L-cysteine and glutathione on inhibition of
Na(+), K(+)-ATPase activity by aspartame metabolites
in human erythrocyte [red blood cell] membrane.
Schulpis KH, Kleopatra H. Schulpis, MD, PhD.
Institute of Child Health, Aghia Sophia Children's Hospital,
GR-11527 Athens (Greece) +30 1 7708291, Fax +30 1 7700111
inchildh@otenet.gr
Papassotiriou I, biochem@paidon-agiasofia.gr,
Tsakiris T,
Tsakiris S. Stylianos Tsakiris. stsakir@cc.uoa.gr,
1 Institute of Child Health, Research Center,
'Aghia Sophia' Children's Hospital, Athens, Greece.
ggbriass@med.uoc.gr ersi_voskaridou@yahoo.com
mmoschov@med.uoa.gr siahanidou@hotmail.com
http://groups.yahoo.com/group/aspartameNM/message/1279

Pharmacol Res. 2005 Aug 26; [Epub ahead of print]
The effect of aspartame metabolites on human [red blood cell]
erythrocyte membrane acetylcholinesterase activity.
Tsakiris S,
Giannoulia-Karantana A,
Simintzi I,
Schulpis KH.
Department of Experimental Physiology, Medical School,
University of Athens, P.O. Box 65257, GR-154 01 Athens, Greece.
Stylianos Tsakiris. stsakir@cc.uoa.gr,
Giannoulia-Karantana A. First Department of Pediatrics,
Aghia Sophia Children's Hospital, University of Athens, Greece.
Kleopatra H. Schulpis, MD, PhD. Institute of Child Health,
Aghia Sophia Children's Hospital, GR-11527 Athens (Greece)
Tel. +30 1 7708291, Fax +30 1 7700111 inchildh@otenet.gr
[Papoutsakis T. tina.papoutsakis@hua.gr,
Papadopoulos G. Department of Biochemistry and Biotechnology,
University of Thessaly, Ploutonos 26, 41221 Larisa, Greece
papg@chem.auth.gr,]
http://groups.yahoo.com/group/aspartameNM/message/1213

In Vivo. 2007 Jan-Feb; 21(1): 89-92.
The effect of aspartame administration on oncogene and suppressor gene
expressions.
Gombos K, katalin_gombos@yahoo.com,
Varjas T,
Orsos Z,
Polyak E,
Peredi J,
Varga Z,
Nowrasteh G,
Tettinger A,
Mucsi G,
Ember I.
Faculty of Medicine, Institute of Public Health University of Pecs,
Pecs, Hungary.
http://groups.yahoo.com/group/aspartameNM/message/1414

Hum Exp Toxicol. 2006 Aug; 25(8): 453-9.
The effect of aspartame on rat brain xenobiotic-metabolizing enzymes.
Vences-Mejia A 1,
Labra-Ruiz N 1,
Hernandez-Martinez N 1,
Dorado-Gonzalez V 1,
Gomez-Garduno J 1,
Perez-Lopez I 1,
Nosti-Palacios R 1,
Camacho Carranza R 2,

Espinosa-Aguirre JJ 2.
Laboratorio de Toxicologia Genetica,
1: Instituto Nacional de Pediatria, Insurgentes Sur, 3700-C,
04530 Mexico, DF Mexico.
2: Instituto de Investigaciones Biomédicas, UNAM, Apartado postal
70228,
Ciudad Universitaria 04510 México, D.F., México
http://www.biomedicas.unam.mx/index.asp
*Correspondence: JJ Espinosa-Aguirre, Instituto de Investigaciones
Biome´dicas, UNAM, Apartado postal 70228, Ciudad
Universitaria 04510 Me´xico, D.F., Me´xico
Human & Experimental Toxicology (2006) 25(8): 453 - 459.
www.sagepublications.com
c 2006 SAGE Publications 10.1191/0960327106het646oa
[Dra. Araceli Vences M
Jefa de Laboratorio de Toxicologia Genetica
6° P de Hospital Laboratorios
10 84 09 00 Ext.1410 -1448 aritaven@yahoo.com.mx,]
http://groups.yahoo.com/group/aspartameNM/message/1373

Toxicol Sci. 2006 Mar; 90(1): 178-87.
Synergistic interactions between commonly used food additives in a
developmental neurotoxicity test.
Lau K, McLean WG, Williams DP, Howard CV.
Developmental Toxicopathology Unit,
Department of Human Anatomy & Cell Biology,
University of Liverpool, Sherrington Buildings, Liverpool L69 3GE, UK;
Department of Pharmacology & Therapeutics,
University of Liverpool, Sherrington Buildings, Liverpool L69 3GE, UK.
W. Graham McLean w.g.mclean@liv.ac.uk,
C. V. Howard c.v.howard@liverpool.ac.uk,
D. P. Williams dom@liv.ac.uk, 0151 794 5791 http://www.liv.ac.uk/
Miss. Karen Lau karenlau@liv.ac.uk, 0151 795 4223
http://groups.yahoo.com/group/aspartameNM/message/1271

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

000287

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 4:06 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: aspartame decreases evoked extracellular dopamine levels in the rat brain, Brian P Bergstrom, Muskingum College, Neuropharmacology 2007.09.29: Murray 2007.11.06

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

aspartame decreases evoked extracellular dopamine levels in the rat brain, Brian P Bergstrom, Muskingum College, Neuropharmacology 2007.09.29: Murray 2007.11.06
http://groups.yahoo.com/group/aspartameNM/message/1485

"These findings suggest that APM has a relatively potent effect of decreasing evoked extracellular DA levels when administered systemically under the conditions specified. "

Neuropharmacology. 2007 Sep 29; [Epub ahead of print] Aspartame decreases evoked extracellular dopamine levels in the rat brain: An in vivo voltammetry study.
Bergstrom BP, brianb@muskingum.edu,
[(2001), Associate Professor of Biology, B.S., Ph.D., Illinois State University Brian Bergstrom studies neurochemical changes in synaptic function of dopamine neurons in response to neurodegenerative disease, drugs of abuse, and pharmacological regulation. He is Assistant Professor of Biology and teaches Intro to Cell and Molecular Biology, Cell Physiology, and Advanced Neuroscience.] Cummings DR, bynehill@cableone.net, Skaggs TA. Department of Biology, Neuroscience Program, Muskingum College, New Concord, OH 43762, USA.

Conflicting reports exist concerning the effect aspartame (APM, l-aspartyl-l-phenylalanine methyl ester) has upon brain biogenic amines.

In the following study, in vivo voltammetry was utilized to measure evoked extracellular dopamine (DA) levels in the striatum of rats in order to assess APM's effect.

Time-course experiments revealed a significant decline in evoked extracellular DA levels within 1h of a single systemic dose (500 mg/kg i.p.) when compared to vehicle-injected controls.

The effect was frequency dependent and showed a significant decrease utilizing high frequency stimulation parameters (50 and 60 Hz).

In order to further determine APM's potential to alter evoked extracellular DA levels, extended stimulation periods were employed to deplete releasable stores both before and after APM administration in intact and 6-OHDA partially lesioned animals.

The extended stimulation periods were applied at 60Hz for 2,5,10 and 20 s durations.

APM decreased DA levels under these conditions in both intact and 6-OHDA partially lesioned animals by an average of 34 % and 51 %, respectively.

Kinetic analysis performed on frequency series indicated that the diminished DA levels corresponded to a significant reduction in DA release.

These findings suggest that APM has a relatively potent effect of decreasing evoked

extracellular DA levels when administered systemically under the conditions specified.
PMID: 17976663

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 4:22 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: methanol (formaldehyde) toxicity in dimethyl dicarbonate DMDC wine additive -- and in liquor hangovers, Woo YS et al., Addict. Biol. 2005 Dec.: Murray 2007.08.31

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

methanol (formaldehyde) toxicity in dimethyl dicarbonate DMDC wine additive -- and in liquor hangovers, Woo YS et al., Addict. Biol. 2005 Dec.:
Murray 2007.08.31

highly toxic formaldehyde, the cause of alcohol hangovers, is made by the body from 100 mg doses of methanol from dark wines and liquors, dimethyl dicarbonate, and aspartame: Murray 2007.08.31
http://groups.yahoo.com/group/aspartameNM/message/1469

http://groups.yahoo.com/group/aspartameNM/message/1052
DMDC: Dimethyl dicarbonate 200mg/L in drinks adds methanol 98 mg/L (becomes formaldehyde in body): EU Scientific Committee on Foods 2001.07.12: Murray 2004.01.22

http://europa.eu.int/comm/food/fs/sc/scf/out96_en.pdf

"...DMDC was evaluated by the SCF in 1990 and considered acceptable for the cold sterilization of soft drinks and fruit juices at levels of addition up to 250 mg/L (1)
...DMDC decomposes primarily to CO2 and methanol ...

[Note: Sterilization of bacteria and fungi is a toxic process, probably due to the inevitable conversion in the body of methanol into highly toxic formaldehyde and then formic acid.]

The use of 200 mg DMDC/L would add 98 mg/L of methanol to wine which already contains an average of about 140 mg/L from natural sources.

A healthy person metabolises 1500 mg methanol/hr without any physiological problems and this should be compared to the amount of up to 240 mg/L methanol in wine, treated with DMDC up to 200 mg/L.

Metabolism of the amounts of methanol resulting from consumption of wine containing such levels is therefore well within the capacity of the human body.
Thus consumption of even large quantities of wine would not pose any hazards from methanol.

Conclusion

The formation of methanol and other reaction products following the use of DMDC for the treatment of alcoholic beverages and wine is similar to that formed in non-alcoholic beverages.
Therefore the previous opinion on the use of DMDC for non-alcoholic beverages (1) is equally applicable to wines treated with DMDC."

000290

However, research shows that the methanol in dark wines and liquors is made into formaldehyde by the body, causing the toxic symptoms of hangovers.

http://groups.yahoo.com/group/aspartameNM/message/1286
methanol products (formaldehyde and formic acid) are main cause of alcohol hangover symptoms [same as from similar amounts of methanol, the 11% part of aspartame]: YS Woo et al, 2005 Dec: Murray 2006.01.20

Addict Biol. 2005 Dec;10(4): 351-5.
Concentration changes of methanol in blood samples during an experimentally induced alcohol hangover state.
Woo YS, Yoon SJ, Lee HK, Lee CU, Chae JH, Lee CT, Kim DJ.
Chuncheon National Hospital, Department of Psychiatry,
The Catholic University of Korea, Seoul, Korea.
http://www.cuk.ac.kr/eng/ sysop@catholic.ac.kr
Songsin Campus: 02-740-9714 Songsim Campus: 02-2164-4116
Songeui Campus: 02-2164-4114
http://www.cuk.ac.kr/eng/sub055.htm eight hospitals

[Han-Kyu Lee]

A hangover is characterized by the unpleasant physical and mental symptoms that occur between 8 and 16 hours after drinking alcohol.

After inducing experimental hangover in normal individuals, we measured the methanol concentration prior to and after alcohol consumption and we assessed the association between the hangover condition and the blood methanol level.

A total of 18 normal adult males participated in this study.

They did not have any previous histories of psychiatric or medical disorders.

The blood ethanol concentration prior to the alcohol intake (2.26+/-2.08) was not significantly different from that 13 hours after the alcohol consumption (3.12+/-2.38).

However, the difference of methanol concentration between the day of experiment (prior to the alcohol intake) and the next day (13 hours after the alcohol intake) was significant (2.62+/-1.33/l vs. 3.88+/-2.10/l, respectively).

A significant positive correlation was observed between the changes of blood methanol concentration and hangover subjective scale score increment when covarying for the changes of blood ethanol level (r=0.498, p<0.05).

This result suggests the possible correlation of methanol as well as its toxic metabolite to hangover. PMID: 16318957

[The toxic metabolite of methanol is formaldehyde, which in turn partially becomes formic acid -- both potent cumulative toxins that are the actual cause of the toxicity of methanol.]

http://groups.yahoo.com/group/aspartameNM/message/1143
methanol (formaldehyde, formic acid) disposition: Bouchard M et al, full plain text, 2001: substantial sources are degradation of fruit pectins, liquors, aspartame, smoke: Murray 2005.04.02

Fully 11 % of aspartame is methanol -- 1,120 mg aspartame in 2 L diet soda, almost six 12-oz cans, gives 123 mg methanol (wood alcohol). The methanol is immediately released 000291

into the body after drinking .
Within hours, the liver turns much of the methanol into formaldehyde, and then much of that into formic acid, both of which in time are partially eliminated as carbon dioxide and water.

However, about 30 % of the methanol remains in the body as cumulative durable toxic metabolites of formaldehyde and formic acid -- 37 mg daily,
a gram every month, accumulating in and affecting every tissue.

If only 10 % of the methanol is retained daily as formaldehyde, that would give 12 mg daily formaldehyde accumulation -- about 60 times more than the 0.2 mg from 10 % retention of the 2 mg EPA daily limit for formaldehyde in drinking water.

Bear in mind that the EPA limit for formaldehyde in drinking water is 1 ppm, or 2 mg daily for a typical daily consumption of 2 L of water.

http://groups.yahoo.com/group/aspartameNM/message/835
ATSDR: EPA limit 1 ppm formaldehyde in drinking water July 1999:
Murray 2002.05.30

This long-term low-level chronic toxic exposure leads to typical patterns of increasingly severe complex symptoms,
starting with headache, fatigue, joint pain, irritability, memory loss, rashes, and leading to vision and eye problems, and even seizures.
In many cases there is addiction. Probably there are immune system disorders, with a hypersensitivity to these toxins and other chemicals.

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

000292

mizuno1-Edgar

From: Dan Matlock [gitadan123@yahoo.com]
Sent: Tuesday, February 12, 2008 5:01 PM
To: HLTtestimony
Subject: Health Hearing of Feb. 13th[resent due to new instructions for testimony submission]

Re: House Health Commitee Considering Ban on Aspartame
[Re-sent due to new instructions made available for testimony]
Hearing [continued from Feb. 8 hearing in Room #329, 8 A.M]
Wednesday Feb. 13[any new room# and time unknown to me]

TO: HON. JOSH GREEN M.D., VICE CHAIR, JOHN MIZUNO,
AND MEMBERS OF THE COMMITTEE
PLEASE XEROX AS COMMITTEE HANDOUT FOR THIS HEARING.

HOUSE HEALTH COMMITTEE:

Josh Green, M.D.
6th Representative District
Hawaii State Capitol

John Mizuno
30th Representative District
Hawaii State Capitol

Dear Honorable representatives Josh Green MD and John Mizuno;

My wife of over thirty years and I have the utmost respect for you in public office.
We understand how incredibly difficult and complex these important positions can be.
Many Hawai'ians believe in your dedication or you would not be where you are.

So please do not feel that you or your personal integrity or intelligence is being questioned.
There was a time not so long ago that we too were shocked to learn of these hidden truths.
If anything below appears to exaggerate or utilize hyperbole, that was not intended. Any/all emphasis is solely to exclaim emphatically, how way overdue the righting of this wrong is.

The "wrong" is the approval and use of Aspartame as a safe and effective food additive.

I am not a "credentialed" Hawai'ian with all of the "concrete" evidence handy that you desire/requested as a condition for further consideration of this bill to ban this sweetener.
But I am very well versed and experienced in the sciences, natural medicine and nutrition, and I urge you to find out on your own as we did, that there is a mountain of such evidence.

With just one hour of serious study you would be astounded perhaps to find out that:
#1
This substance was clearly approved illegally as a political favor, wildly enriching a few.

000293

Prior knowledge/proof showing there were MAJOR health concerns due to its inherent chemical instability and metabolites were completely and intentionally ignored/suppressed as it was snuck in and out the "back-door" of the FDA for quiet approval as a food additive.
#2
Technically, it and several other very prevalent and thus insidious food additives, are listed as illegal adulterants due to being or metabolizing into carcinogens, toxins, or neuro-toxins.
#3
The FDA itself, in spite of not demanding it be removed from the food supply, lists/links nearly 100 MAJOR health concerns to its consumption. Go figure! What is wrong with that?
Based on the worst and most common of these concerns the FAA has recommended pilots and I believe traffic controllers, do NOT consume these products due to HIGH RISK of seizures/blackouts, blindness and migraines to name just a few of the debilitating dangers.
#4
Diabetics consuming this product crave carbohydrates, put on weight, and become addicted to the highly poisonous methanol metabolite, which is but one of several toxins produced.
#5
This sweetener is not the only man-made sweetener or food additive proven by honest [not bought/beholden] studies by some of the finest scientific minds on the planet to be extremely dangerous to human health. Yet they remain on the market and in thousands of products due to the extreme profit generated by suppressing these rather horrific truths.

So, my honorable representatives please live up to that honor by by being on the right side of this issue and be diligent and relentless regarding corporations putting profit before people.
It certainly makes sense to err on the side of caution for the public vs. corporate honesty.

I won't list many links as you have probably already been flooded with too many to read in short order but I chose one article I found today that is quite concise and informative, and includes several embedded links for further study if you chose to go further in your quest.
http://www.lifetechnology.org/blog/2007/06/aspartame-nutrasweet-health-hazard.html
One cannot possibly overstate the value of Google to find articles/facts on this subject.
I/we hope and pray your interest is piqued on fully exploring this under-reported subject.
Many of your family, friends and constituents are suffering from these stealthy killers.

I/we beg you to start the ball rolling in favor of a safe and unadulterated food supply, which should be a basic human right, and add this ban and many more to come ASAP.
It is far past the time to put people's health/safety and quality of life ahead of profit taking.

Hawai'i has a long reputation for having the foresight to maintain tried and true ways of helping the land and its peoples stay healthy via proper lifestyles and respecting of kapus.
And always embracing new technologies/ideas that have and do benefit mankind greatly. Let's not break this pattern or reputation, eh?
{:-) We're on a roll and all of the world will respect us in this stand we need to take.
It is the right thing to do.
Mahalo for your time.

{post script...please extend this hearing as needed/required to allow you to be thorough in the study of numerous medical reports you have been provided by experts on this matter}

Respectfully,
Dan & Rosana Matlock
Puhi~Kaua'i

000294

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 5:03 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Friday: about 30-40% of ingested methanol results in unknown long-term durable cumulative toxic reaction products (formaldehyde, formic acid), Bouchard M et al., Toxicol Sci. 2001 Dec.: Murray 2005.01.05

House Bill 2680, Room #329, 8 AM Friday:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

about 30-40% of ingested methanol results in unknown long-term durable cumulative toxic reaction products (formaldehyde, formic acid), Bouchard M et al., Toxicol Sci. 2001 Dec.: Murray 2005.01.05

http://groups.yahoo.com/group/aspartameNM/message/1143
antiseptic? antifungal? antiviral? methanol (formaldehyde, formic acid) disposition: Bouchard M et al, full plain text, 2001: substantial sources are degradation of fruit pectins, liquors, aspartame, smoke: Murray
2005.01.05

An earnest medical layman, I have been writing careful reviews of mostly mainstream medical research on aspartame toxicity for six years.

In recent months I have become aware that evidence strongly shows that substantial methanol and thus formaldehyde and formic acid are released into humans from degradation of the pectins from fruits and vegetables by bacteria in the colon in many people. Whatever the source, the biochemical dispositions of methanol and its inevitable products, formaldehyde and formic acid, both potent, cumulative toxins, are actually largely unknown, according to the expert comprehensive review by Bouchard M et al, 2001.

[Comments by Rich Murray are in square bracketts. Without changing text, except for omitting long equations, figures, and tables, spacing has been added to give emphasis and increase readability. Following are some specific extracts.]

"That substantial amounts of methanol metabolites or by-products are retained for a long time is verified by Horton et al. (1992) who estimated that 18 h following an iv injection of 100 mg/kg of 14C-methanol in male
Fischer-344 rats, only 57% of the dose was eliminated from the body.

From the data of Dorman et al. (1994) and Medinsky et al. (1997), it can further be calculated that 48 h following the start of a 2-h inhalation exposure to 900 ppm of 14C-methanol vapors in female cynomolgus monkeys, only 23% of the absorbed 14C-methanol was eliminated from the body.

These findings are corroborated by the data of Heck et al. (1983) showing that 40% of a 14C-formaldehyde inhalation dose remained in the body 70 h postexposure."

"Exposure to methanol also results from the consumption of certain foodstuffs (fruits, fruit juices, certain vegetables, aspartame sweetener, roasted coffee, honey) and alcoholic beverages (Health Effects Institute, 1987; Jacobsen et al., 1988)."

[It's unusual for a mainstream journal article to mention "fruits, fruit juices, certain vegetables, aspartame sweetener' and "alcoholic beverages"
to be methanol sources.]

"However, the severe toxic effects are usually associated with the production and accumulation of formic acid, which causes metabolic acidosis and visual impairment that

000295

can lead to blindness and death at blood concentrations of methanol above 31 mmol/l (Roe, 1982; Tephly and McMartin, 1984; U.S. DHHS, 1993).

Although the acute toxic effects of methanol in humans are well documented, little is known about the chronic effects of low exposure doses, which are of interest in view of the potential use of methanol as an engine fuel and current use as a solvent and chemical intermediate.

Gestational exposure studies in pregnant rodents (mice and rats) have also shown that high methanol inhalation exposures (5000 or 10,000 ppm and more, 7 h/day during days 6 or 7 to 15 of gestation) can induce birth defects (Bolon et al., 1993; IPCS, 1997; Nelson et al., 1985)."

"The corresponding average elimination half-life of absorbed methanol through metabolism to formaldehyde was estimated to be 1.3, 0.7-3.2, and 1.7 h."

[This shows for ingested methanol from the readily released 11% methanol component of aspartame diet sodas, that by three half-lives, 3 X 1.7 h = 5.1 hr, 7/8 = 88 % of the methanol would be substantially turned into formaldehyde.

In dark wines and liquors, the conversion of methanol impurity, about one part in ten thousand, into formaldehyde and then formic acid is prevented for many hours, as the responsible enzyme is taken up by the remaining ethanol. When after many hours all the ethanol is metabolized, the conversion of the remaining methanol into formaldehyde and formic acid is the major cause of the many difficult symptoms of "morning after" hangover.]

"Inversely, in monkeys and in humans, a larger fraction of body burden of formaldehyde is rapidly transferred to a long-term component.
The latter represents the formaldehyde that (directly or after oxidation to formate) binds to various endogenous molecules..."

"Animal studies have reported that systemic methanol is eliminated mainly by metabolism (70 to 97% of absorbed dose) and only a small fraction is eliminated as unchanged methanol in urine and in the expired air (< 3-4%) (Dorman et al., 1994; Horton et al., 1992).

Systemic methanol is extensively metabolized by liver alcohol dehydrogenase and catalase-peroxidase enzymes to formaldehyde, which is in turn rapidly oxidized to formic acid by formaldehyde dehydrogenase enzymes (Goodman and Tephly, 1968; Heck et al., 1983; Roe, 1982; Tephly and McMartin, 1984).

Under physiological conditions, formic acid dissociates to formate and hydrogen ions.

Current evidence indicates that, in rodents, methanol is converted mainly by the catalase-peroxidase system whereas monkeys and humans metabolize methanol mainly through the alcohol dehydrogenase system (Goodman and Tephly, 1968; Tephly and McMartin, 1984).

Formaldehyde, as it is highly reactive, forms relatively stable adducts with cellular constituents (Heck et al., 1983; Roe, 1982)."

"The whole body loads of methanol, formaldehyde, formate, and unobserved by-products of formaldehyde metabolism were followed.

Since methanol distributes quite evenly in the total body water, detailed compartmental representation of body tissue loads was not deemed necessary."

"According to model predictions, congruent with the data in the literature (Dorman et al., 1994; Horton et al., 1992), a certain fraction of formaldehyde is readily oxidized to formate, a major fraction of which is rapidly converted to CO2 and exhaled, whereas a small fraction is excreted as formic acid in urine.

However, fits to the available data in rats and monkeys of Horton et al. (1992) and Dorman et al. (1994) show that, once formed, a substantial fraction of formaldehyde is converted to unobserved forms.

This pathway contributes to a long-term unobserved compartment.

The latter, most plausibly, represents either the formaldehyde that (directly or after oxidation to formate) binds to various endogenous molecules (Heck et al., 1983; Roe, 1982) or is incorporated in the tetrahydrofolic-acid-dependent one-carbon pathway to become the building block of a number of synthetic pathways (Roe, 1982; Tephly and McMartin, 1984).

That substantial amounts of methanol metabolites or by-products are retained for a long time is verified by Horton et al. (1992) who estimated that 18 h following an iv injection of 100 mg/kg of 14C-methanol in male Fischer-344 rats, only 57% of the dose was eliminated from the body.

From the data of Dorman et al. (1994) and Medinsky et al. (1997), it can further be calculated that 48 h following the start of a 2-h inhalation exposure to 900 ppm of 14C-methanol vapors in female cynomolgus monkeys, only 23% of the absorbed 14C-methanol was eliminated from the body.

These findings are corroborated by the data of Heck et al. (1983) showing that 40% of a 14C-formaldehyde inhalation dose remained in the body 70 h postexposure.

In the present study, the model proposed rests on acute exposure data, where the time profiles of methanol and its metabolites were determined only over short time periods (a maximum of 6 h of exposure and a maximum of 48 h postexposure).

This does not allow observation of the slow release from the long-term components.

It is to be noted that most of the published studies on the detailed disposition kinetics of methanol regard controlled short-term (iv injection or continuous inhalation exposure over a few hours) methanol exposures in rats, primates, and humans (Batterman et al., 1998; Damian and Raabe, 1996; Dorman et al., 1994; Ferry et al., 1980; Fisher et al., 2000; Franzblau et al., 1995; Horton et al., 1992; Jacobsen et al., 1988; Osterloh et al., 1996; Pollack et al., 1993; Sedivec et al., 1981; Ward et al., 1995; Ward and Pollack, 1996).

Experimental studies on the detailed time profiles following controlled repeated exposures to methanol are lacking."

"Thus, in monkeys and plausibly humans, a much larger fraction of body formaldehyde is rapidly converted to unobserved forms rather than passed on to formate and eventually CO2."

"However, the volume of distribution of formate was larger than that of methanol, which strongly suggests that formate distributes in body constituents other than water, such as proteins.

The closeness of our simulations to the available experimental data on the time course of formate blood concentrations is consistent with the volume of distribution concept (i.e., rapid exchanges between the nonblood pool of formate and blood formate)."

"Also, background concentrations of formate are subject to wide interindividual variations (Baumann and Angerer, 1979; D'Alessandro et al., 1994; Franzblau et al., 1995; Heinrich and Angerer, 1982; Lee et al., 1992; Osterloh et al., 1996; Sedivec et al., 1981)."

http://www.toxsci.oupjournals.org/cgi/content/full/64/2/169 free full text

A Biologically Based Dynamic Model for Predicting the Disposition of Methanol and Its Metabolites in Animals and Humans.
Toxicol Sci. 2001 Dec; 64(2): 169-84.
Bouchard M, michele.bouchard@umontreal.ca Brunet RC, Robert C. Brunet brunet@dms.umontreal.ca Droz PO,
Carrier G. gaetan.carrier@umontreal.ca
Department of Environmental and Occupational Health, Faculty of Medicine, University of Montreal, P.O. Box 6128, Main Station, Montreal, Quebec, Canada, H3C 3J7.

A multicompartment biologically based dynamic model was developed to describe the time evolution of methanol and its metabolites in the whole body and in accessible biological matrices of rats, monkeys, and humans following different exposure scenarios.

The dynamic of intercompartment exchanges was described mathematically by a mass balance differential equation system.

The model's conceptual and functional representation was the same for rats, monkeys, and humans, but relevant published data specific to the species of interest served to determine the critical parameters of the kinetics.

Simulations provided a close approximation to kinetic data available in the published literature.

The average pulmonary absorption fraction of methanol was estimated to be 0.60 in rats, 0.69 in monkeys, and 0.58-0.82 in human volunteers.

The corresponding average elimination half-life of absorbed methanol through metabolism to formaldehyde was estimated to be 1.3, 0.7-3.2, and 1.7 h.

Saturation of methanol metabolism appeared to occur at a lower exposure in rats than in monkeys and humans.

Also, the main species difference in the kinetics was attributed to a metabolism rate constant of whole body formaldehyde to formate estimated to be twice as high in rats as in monkeys.

Inversely, in monkeys and in humans, a larger fraction of body burden of formaldehyde is rapidly transferred to a long-term component.

The latter represents the formaldehyde that (directly or after oxidation to formate) binds to various endogenous molecules or is taken up by the tetrahydrofolic-acid-dependent one-carbon pathway to become the building block of synthetic pathways.

This model can be used to quantitatively relate methanol or its metabolites in biological matrices to the absorbed dose and tissue burden at any point in time in rats, monkeys, and humans for different exposures, thus reducing uncertainties in the dose-response relationship, and animal-to-human and exposure scenario comparisons.

The model, adapted to kinetic data in human volunteers exposed acutely to methanol vapors, predicts that 8-h inhalation exposures ranging from 500 to 2000 ppm, without physical activities, are needed to increase concentrations of blood formate and urinary formic acid above mean background values reported by various authors (4.9-10.3 and 6.3-13 mg/liter, respectively).

This leaves blood and urinary methanol concentrations as the most sensitive biomarkers of absorbed methanol. PMID: 11719699

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,519 posts in a public archive

000298

mizuno1-Edgar

From: Lela Nickel [lelabear33@yahoo.com]
Sent: Tuesday, February 12, 2008 6:39 PM
To: HLTtestimony
Subject: Aspartame Ban Bill HB2860

Aloha-

I am writing to express my support for the BAN of Aspartame being considering by HB2860. I have personally witnessed the affects of this sugar substitute on unsuspecting consumers. It appears to affect their nervous system, reduces their ability to cope with stress, and definitely does not help anyone lose weight!

I urge you to follow through on your courageous attempt to lead the nation in recognizing the dangers of this chemical and insist that it be removed from products on our shelves by passing this legislation. Through enacting this ban, you will show that you have the interest of your consitutents ahead of the interest of corporations. That would be a welcome (and wise) tactic to many of us who are seriously beginning to wonder about our elected officials movtives!

Thank you for your consideration of my opinion.

Very Truly Yours-
Lela Nickel
Paia, Maui

"Even the smallest person can change the course of the future." - *Galadriel*

000299

From: Robert Domingos [mingo@fastnethi.com]
Sent: Tuesday, February 12, 2008 7:18 PM
To: HLTtestimony
Subject: no more aspartame

So many kids eating lihingmui, so many young mothers drinking diet sodas, so many miscarriages and cancer cases, enough of the poison! Ban it!

Robert Domingos PhD
Wai'ohinu Hawai'i

000300

mizuno1-Edgar

From: Anne McCord [annemccord@hawaiiantel.net]
Sent: Tuesday, February 12, 2008 7:32 PM
To: HLTtestimony
Subject: Vote FOR HB 2680

To Rep Josh Green, Vice Chairman Rep John Mizuno, and Members of the House Committee on Health:

As a Licensed Marriage and Family Therapist in this state, I wish to make my voice heard by testifying in favor of HB 2680, banning aspartame (Equal, Nutrisweet).

The major media will not educate the people about what is going on here; those of us who know must act. I have tried, in my practice, to help people understand that their use of diet sodas, for example, can have an extremely unbalancing effect on their emotions and health. There is also an addictive component to aspartame, as can be discovered with minimal research.

This neurotoxin was tragically foisted on an unsuspecting public for corporate profit, and has caused untold misery ever since, most notably among regular users. Countless testimonies exist from those with poor health who have experienced dramatic improvement after stopping the use of this toxic substance.

An analysis of peer reviewed medical literature using MEDLINE and other databases was conducted by Ralph G. Walton, MD, Chairman, The Center for Behavioral Medicine, Professor of Clinical Psychiatry, Northeastern Ohio Universities College of Medicine. Dr. Walton analyzed 164 studies which were felt to have relevance to human safety questions. Of those studies, 74 studies had aspartame industry-related sponsorship and 90 were funded without any industry money.

Of the 90 non-industry-sponsored studies, 83 (92%) identified one or more problems with aspartame. Of the 7 studies which did not find a problem, 6 of those studies were conducted by the FDA. Given that a number of FDA officials went to work for the aspartame industry immediately following approval (including the former FDA Commissioner), many consider these studies to be equivalent to industry-sponsored research.This amounts to almost 100% of non-corporate-affiliated studies showing potential health dangers from use of aspartame!

We the concerned and informed citizens cannot allow this great subterfuge to continue to rob the health of our people. You our valued and honorable lawmakers have the power to begin to overturn an immense and disgraceful corporate fraud perpetrated at the expense of all of us.

Please do the right thing for the citizens of Hawaii, and pass this important legislation, HB 2680. In the worldwide battle against conscienceless corporate greed, Hawaii can be proud to set an ethical legislative standard for the entire United States. Most importantly, the better health of our belatedly informed citizens will be our overriding reward.

With sincerest ALOHA,

Anne McCord, M.A., LMFT

From: Rich Murray [rmforall@comcast.net]
Sent: Tuesday, February 12, 2008 8:37 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8 AM Wed. Feb. 13: MSG and Aspartame -- A Personal Story, TV health reporter Dick Allgire (vegetarian) healed of migraines and panic attacks: Murray 2008.02.12

House Bill 2680, Room #329, 8 AM Wed. Feb. 13:

Honorable Rep. Josh Green, M.D., Chair,
and Honorable John Mizuno, Vice Chair:

Please copy as committee handout for this hearing.

MSG and Aspartame -- A Personal Story, TV health reporter Dick Allgire
(vegetarian) healed of migraines and panic attacks: Murray 2008.02.12
http://rmforall.blogspot.com/2008_02_01_archive.htm
Tuesday, February 12, 2008
http://groups.yahoo.com/group/aspartameNM/message/1520

---

http://www.hawaiireporter.com/story.aspx?dce62002-dd58-4b18-80da-eaacf187588e

MSG and Aspartame -- A Personal Story
By Dick Allgire, 2/12/2008 11:54:38 AM
dallgire@thehawaiichannel.com;

There is a bill being considered at the Hawaii State Legislature that would ban aspartame. This will come to a vote on Wednesday, Feb. 13, 2008. It doesn't look good.

Quoting an email from Dr. Betty Martini:

"Although Rep. Josh Green sympathized with supporters who have been affected by the artificial sweetener aspartame, he was unable to immediately pass a bill that would ban the artificial sweetener aspartame in food products without concrete evidence showing a connection between aspartame and medical ailments. We can't take numerous amounts of products off Hawaii store shelves without evidence of a connection, he said."

I've been a television news reporter for 34 years,
and I have won the Hawaii Medical Association
Distinguished Medical Reporting Award five times.

I didn't win those awards for going on TV
and telling people how to be healthy.

I won the awards for reporting the AMA company line;
the newest drugs, the latest surgery,
and the most advanced methods of zapping cancer with radiation.

So here's my health story.
I suffered from migraines and panic attacks.
Doctors prescribed drugs for both conditions.

Since my teenage years I endured excruciating migraines,
a type of headache called Cluster Headaches.

These are also known as "suicide headaches"
because the pain is so intense you want to kill yourself.

000302

On many occasions I went nearly delirious with pain
and beat on my own head in a frustrated, impotent rage.

My doctor told me he knew of a patient
who tried to claw his own eye out because of the pain.

Imagine an "ice cream headache" -- when you drink a very cold,
icy drink too fast and have a searing pain for a few seconds.

A cluster headache is many times worse than that,
but it lasts several hours.

For these headaches physicians prescribed opiates
and also put me on a cousin of LSD known as Sansert
(Methysergide maleate).

This drug gives you hallucinogenic dreams.
The doctor told me I had to take it.
The dreams were really wild, a Technicolor acid trip every night.
So my doctor basically prescribed a mild form of LSD
to prevent my headaches.

What the doctor didn't realize was that cluster migraines
are not caused by a lack of Sansert.

Later in my adult life I started getting panic attacks.
It is impossible to describe a panic attack.
Your heart starts beating out of control,
it feels like you cannot get a breath of air into your lungs,
and you have a feeling of absolute terror
as the more you try to breathe
the less you feel like you can get a breath,
you lose muscle control
and feel like you are going to convulse
and drop dead in the next few seconds.
It is like someone just injected you with a powerful drug
that makes you feel as scared and miserable as is humanly possible.
Hence the name Panic.

The panic attacks had me leaving work
and fleeing to an emergency room.
Doctors assured me I must take Paxil.
I asked them about the number of patients on SSRIs
who have committed suicide.
The doctors assured me that I had to take Paxil
or risk a nervous breakdown.

What the doctors didn't understand
was that panic attacks are not caused by a lack of Paxil.

But according to mainstream medicine
headaches required the hallucinogenic Sansert
and panic attacks called for an SSRI.
Take 10 minutes to write a prescription,
get the patient out the door, next patient, a new prescription.

I had heard several interviews with Dr. Russell Blaylock
and I began to wonder about food additives.
So I did my own research.
I found out things my doctors didn't know.

I read as much as I could find about Aspartame and MSG.

Could Aspartame and MSG have caused
my excruciating headaches and paralyzing panic attacks?

000303

I used to drink one diet Pepsi with lunch every day at work.
I used to eat sugarless candy containing aspartame.
I used to chew sugarless gum, also loaded with aspartame.

When I read about this drug
and learned that Mr. Donald Rumsfeld
helped inflict this poison on society, I decided to stop ingesting it.

I stopped.
Instead of drinking one diet soda per day,
I drank water with lunch.
I threw out the sugarless candy. I stopped chewing gum.
I now read every label of everything I consume.
I don't eat aspartame.

MSG was a hard one. It is in everything.
I am a vegetarian and I used to cook with a powered vegetable
broth that I purchased at my local "health food" store.
The main ingredient was "hydrolyzed protein."
I looked that one up and discovered it is MSG.
MSG has many hidden names.
(Do an Internet search for "HIDDEN MSG")
Those bastards!

I now make my own vegetable broth. It's easy.
Two onions, chopped, three carrots, chopped.
One stalk of celery, chopped. Six cloves of garlic.
Drizzle some olive oil and toss on some sea salt.
Roast in the oven until everything begins to darken and caramelize.
Toss the veggies in a pot with about 8 cups of water
and simmer for an hour.
Strain and you have a great broth for soups, stir-fries,
and it has no MSG.

Does it take time and effort? Yes.
Does it beat writhing on the floor
with a pounding, excruciating headache? Absolutely.

I stopped eating at restaurants.
This is difficult when you're a news reporter on the go.
I take my own food with me.
I know about 5 places in Honolulu that don't use MSG.

When I go to the grocery it takes longer for me to check out,
because most of the food I buy does not have a bar code.
The checkout clerk is usually bewildered by kale or Swiss Chard,
and has to look up the code.

I buy fresh whole foods.
I make just about everything I eat from scratch.

Guess what? I stopped having migraines and panic attacks.

Now this is what we call "anecdotal" evidence.
It is not a scientific study,
and no medical claims can be made from my personal testimony.

I won't even put this on the local news as a story.
But when I eat something
with "autolyzed yeast" or "natural flavoring",
I get knocked down with terrible headache.

I also realized that my heart would race
and my breathing would become labored,
after consuming anything with aspartame, even one diet soda.

000304

The more you clean up your diet, the more sensitive you become.

Do not wait for the government to take action.
You are in charge of your own health.
No one is going to do it for you.
We hear so much about "health care" costs,
but think about it -- if you are truly healthy you don't need care.
There is no cost incurred from health and wellness.
Health "care" is Orwellian doublespeak.

By writing this article I risk "crossing the line" in journalism.
I'm old school.
Reporters should report all sides and not have an opinion.

You rarely see that these days -- almost everything on cable "news"
is what they term news, debate, and opinion.

But my personal experience is true.
When it comes to MSG and Aspartame, I voted with my feet.
You can ingest this stuff if you want, but I won't.

Dick Allgire is a health reporter for KITV News.

HawaiiReporter.com reports the real news,
and prints all editorials submitted,
even if they do not represent the viewpoint of the editors,
as long as they are written clearly.
Send editorials to mailto:Malia@HawaiiReporter.com

---

http://www.kitv.com/newsteam/121634/detail.html

Dick Allgire is a veteran television journalist
with over 26 years experience as a reporter, anchor and producer.
He grew up in Salt Lake City,
and worked for nearly a decade at stations in Utah.

Dick has worked in Hawaii since 1985, and has been at KITV since 1988.

Dick has been covering health and medicine at KITV4
for the past 8 years.
His health report is seen nightly on KITV 4 News at Five.

Dick has been honored as the recipient of the
Hawaii Medical Association's
"Distinguished Medical Reporting Award" for 5 of the past 6 years.

Dick also does general assignment reporting,
and serves up a Cook Healthy Fast recipe
every Tuesday on the 5 PM news.

Dick has been married to Mi Ok Choe (Mimi) since 1992.

His hobbies include music, scuba diving, and remote viewing.

[Rich Murray: I am a native remote viewer, with experience that
awareness has no boundaries, and that single unity exists.]

http://www.remoteviewer.org/remoteviewing/allgire.htm

Dick Allgire --
Vice-President, HRVG (Hawai'i Remote Viewers' Guild)

Dick Allgire is the Vice President of the HRVG,
where he volunteers his time.
He works at KITV News
where he began by hosting a health spot for an insurance company.

In 1995, Dick traveled to the big island of Hawaii
to meet the PSI TECH officers
and he attended one of Joni Dourif's presentations
on "How TRV Works."

He wanted remote viewing training,
but Psi Tech's training slots were booked for years,
so he chose Courtney Brown's training instead
who had been trained by PSI TECH a couple years prior.

After his training at Farsight, he retuned home to Hawaii,
where he met Glenn Wheaton,
who claims to have been part of a Special Forces
Remote Viewing Unit.

Dick and Glenn started HRVG, and Dick became the VP.
Between the two of them, it appears that Dick
is the only one who was legitimately trained
in a version of remote viewing.

Glenn Wheaton's remote viewing background can not be verified.

Website: HRVG http://www.remoteviewer.org/

brief aspartame research review: Rich Murray 2008.02.12
http://rmforall.blogspot.com/2008_02_01_archive.htm
Sunday, February 10, 2008
http://groups.yahoo.com/group/aspartameNM/message/1516

---

http://groups.yahoo.com/group/aspartameNM/message/1513
metabolic syndrome is tied to diet soda, PL Lutsey, LM Steffen,
J Stevens, Circulation 2008.01.22: role of formaldehyde and
formic acid from methanol in wines, liquors, or aspartame?:
Murray 2008.02.07

"But the one-third who ate the most fried food increased their risk
by 25 percent, compared with the one-third who ate the least, and
surprisingly, the risk of developing metabolic syndrome was 34
percent higher among those who drank one can of diet soda a day
compared with those who drank none.

"This is interesting," said Lyn M. Steffen, an associate professor of
epidemiology at the University of Minnesota and a co-author of the
paper, which was posted online in the journal Circulation on Jan. 22.
"Why is it happening? Is it some kind of chemical in the diet soda,
or something about the behavior of diet soda drinkers?""

"The diet soda association was not hypothesized
and deserves further study."

http://groups.yahoo.com/group/aspartameNM/message/1511
vinyl acetate, ethyl alcohol, or aspartame in womb increases later

cancers in adults with lifetime exposure in many studies, M Soffritti et al, Ramazzini Foundation, Basic Clin. Pharm. Toxicol. 2008 Feb.: Rich Murray 2008.02.07

http://groups.yahoo.com/group/aspartameNM/message/1495
folic acid prevents neurotoxicity from formic acid, made by body from methanol impurity in alcohol drinks [also 11 % of aspartame], BM Kapur, PL Carlen, DC Lehotay, AC Vandenbroucke, Y Adamchik, U. of Toronto, 2007 Dec., Alcoholism Cl. Exp. Res.: Murray 2007.11.27

http://groups.yahoo.com/group/aspartameNM/message/1490
details on 6 epidemiological studies since 2004 on diet soda (mainly aspartame) correlations, as well as 14 other mainstream studies on aspartame toxicity since summer 2005: Murray 2007.11.27

http://groups.yahoo.com/group/aspartameNM/message/1340
aspartame groups and books:
updated research review of 2004.07.16: Murray 2006.05.11

http://groups.yahoo.com/group/aspartameNM/message/1453
Souring on fake sugar (aspartame), Jennifer Couzin, Science 2007.07.06: 4 page letter to FDA from 12 eminent USA toxicologists re two Ramazzini Foundation cancer studies 2007.06.25: Murray 2007.07.18

http://groups.yahoo.com/group/aspartameNM/message/1426
ASDA (unit of Wal-Mart Stores WMT.N) and Marks & Spencer will join Tesco and also Sainsbury to ban and limit aspartame, MSG, artificial flavors dyes preservatives additives, trans fats, salt "nasties" to protect kids from ADHD: leading UK media: Murray 2007.05.15

http://groups.yahoo.com/group/aspartameNMmessage/1451
Artificial sweeteners (aspartame, sucralose) and coloring agents will be banned from use in newly-born and baby foods, the European Parliament decided: Latvia ban in schools 2006: Murray 2007.07.12

http://groups.yahoo.com/group/aspartameNM/message/1469
highly toxic formaldehyde, the cause of alcohol hangovers, is made by the body from 100 mg doses of methanol from dark wines and liquors, dimethyl dicarbonate, and aspartame: Murray 2007.08.31

http://groups.yahoo.com/group/aspartameNM/message/1455
FEMA slow to safety test Katrina toxic trailers, Charles Babington, Associated Press -- 1 ppm formaldehyde in air is about half the daily dose from 3 cans aspartame diet soda and ten times the 1999 EPA alarm level for drinking water: Murray 2007.07.23

"Of course, everyone chooses, as a natural priority, to enjoy peace, joy, and love by helping to find, quickly share, and positively act upon evidence about healthy and safe food, drink, and environment."

Rich Murray, MA Room For All rmforall@comcast.net
505-501-2298 1943 Otowi Road, Santa Fe, New Mexico 87505

http://RMForAll.blogspot.com new primary archive

http://groups.yahoo.com/group/aspartameNM/messages
group with 119 members, 1,520 posts in a public archive

correct way to send testimony
and evidence to Hawaii House Health Committee
re aspartame ban hearing 2 pm EST Wed. Feb. 13:

Murray 2008.02.12
http://rmforall.blogspot.com/2008_02_01_archive.htm
Tuesday, February 12, 2008
http://groups.yahoo.com/group/aspartameNM/message/1518

bias, omissions, incuriosity = opportunity, aspartame safety evaluation, Magnuson BA, Burdock GA, Williams GM, 7 more, 2007 Sept, Ajinomoto funded 98 pages html [$ 32 pdf]:
Murray 2007.09.15
http://rmforall.blogspot.com/2007_09_01_archive.htm
Saturday, September 15, 2007

mizuno1-Edgar

From: Rob M [rmotion@yahoo.com]
Sent: Tuesday, February 12, 2008 8:53 PM
To: Rep. Mele Carroll
Subject: Aspartame Bill

Dear Sir/Madame:

This is an email to offer my support on the Aspartame Bill. This chemical is bad for people's health and should be eliminated from the food supply.

Several years ago, every so often, I would experience strange and massive headaches with blurry vision, and extreme light sensitivity. I wasnt sure why I was having these headaches and mentioned them to my doctor over the years. I suffer from cystic fibrosis and he/we just figured that it was due to stress or complications stemming from cystic fibrosis symptoms. But I knew something else was causing these headaches, my fears were that it was quite serious (ie brain tumor or what not) and I didn't really want to know so I just lived with these semi frequent headaches.
The day I figured out that my headaches were caused by NutraSweet (aspartame) was the day that I started looking into what foods I ate were made of and what what those foods contained. That day I discovered the cause of my headaches, the only thing I had consumed that day was a large protein drink, within a half hour of finishing the drink I had one of the worst episodes I had ever had. After I recovered some 6 hours later I looked back at what I ate and obviously looked at the ingredients of the protein drink. Nutrasweet was one of the main ingredients!
I immediately eliminated aspartame from my diet and since then, over 10 years ago, I have not had a headache episode since, save for an episode when I accidentally ingested large amounts of Splenda (sucralose) and had similar but not as severe sypmtoms. Incidently I do not consume anything with sucralose either.
It boggles my mind to think that such a chemical can be so prevalant in our food supply.

Please do what you can to help eliminate this chemical from our food supply. Most people do not know the problems associated with this. They feel as long as they don't feel anything that it is not doing any damage but research shows otherwise. The only thing that gets in the way of eliminating aspartame is the vested interests that profit from it!
Thank You
Rob M

000009

From: pat [pat@theecologist.org]
Sent: Tuesday, February 12, 2008 10:36 PM
To: HLTtestimony
Subject: Ecologist investigation into Aspartame

ecologist_septembe r_2005.pdf (...

Rep Josh Green, Vice Chairman Rep John Mizuno and members of the House Committee on Health,

I write regarding your upcoming decision on whether to ban aspartame in the state of Hawaii.

In September 2005 my magazine published an extensive investigation into the toxicity of this product and the regulatory failures that allowed it to come onto the marketplace. This investigation has been read by people throughout the world. I cannot over-state the impact that this single article has had amongst our readers. We have never had such a widespread international response to any investigation. To me this shows the deep concern that average citizens, campaigners, physicians and scientists alike have about the toxicity of aspartame and about the malign influence of an industry which has the power to force government regulators to put profits before the health of the people.

I strongly urge you to read the Ecologist investigation (attached), to enter it into evidence, and to vote to make the people of Hawaii healthier and in so doing lead the world in removing this toxic and totally unnecessary product from the shelves.

Yours Sincerely,

Pat Thomas
Editor
The Ecologist

Unit 102
Lana House Studios
116-118 Commercial Street
London E1 6NF

020 7422 8100
www.theecologist.org

Please consider the environment and only print this email if necessary.

www.theecologist.org

Registered Company: Ecosystems Limited
Company Registration No. 970404
Registered Office: Unit 102d Lana House Studios,
116-118 Commercial Street, London, E1 6NF Company Queries: ecosystems@theecologist.org

mizuno1-Edgar

From: medical.research@comcast.net
Sent: Tuesday, February 12, 2008 11:13 PM
To: HLTtestimony
Subject: House Bill 2680, Room #329, 8AM
Follow Up Flag: Follow up
Flag Status: Completed

House Bill 2680, Room #329, 8AM Friday

Honorable Rep. Josh Green, M.D., Chair,

and Honorable John mizuno, Vice Chair:

Please copy the following as a committee handout for this hearing.

I am a retired medical librarian trained at the National Library of Medicine in advanced research and toxicology. Last year, while conducting research on the safety of aspartame, I contacted the National Institutes of Health regarding the Ramazzini study that was published in the prestigious

Environmental Health Perspectives **Volume 114, Number 3, March 2006**

Title: First Experimental Demonstration of the Multipotential Carcinogenic Effects of Aspartame... Cesare Maltoni Cancer Research Center, European Ramazzini Foundation of Oncology and Environmental Sciences.

For full text link via National Institutes of Health,

National Institute of Environmental Health Sciences, click on following site:

http://www.ehponline.org/docs/2005/8711/abstract.html

000311

I received an email from the Office of Communications of the National Institute of Environmental Health Sciences stating:

"The National Toxicology Program (NTP) established a collaborative agreement with the European Ramazzini Foundation of Oncology and Environmental Sciences (RF) in 2000. As part of that agreement, the NTP provided the RF with an electronic data capture system, including statistical analysis capabilities, to assist the RF in reporting the results of their cancer bioassays. In addition, the NTP agreed to convene pathologists, on occasion, to review selected pathology materials from various RF studies as part of an effort to provide diagnostic consistency between the two programs. The NTP convened a group of pathologists to review selected histopathological lesions from the RF aspartame cancer bioassay."

In my opinion, this important current research, published in Environmental Health Perspectives, indicates that aspartame poses a serious health risk ----especially to our vulnerable children and young adults.

Sincerely,

Karen Ulehla, MSLS

Retired Medical Librarian

mizuno1-Edgar

From: LONDAF1@aol.com
Sent: Wednesday, February 13, 2008 7:48 AM
To: HLTtestimony
Subject: HOUSE BILL #2680/ ROOM 329 For Health Committee - Copy as a handout please
Follow Up Flag: Follow up
Flag Status: Completed

Re: House Bill 2680 Room #329

Please Copy as Committee handout

To Whom it May Concern

Dear House Health Committee

I am writing with regard to House Bill No 2680 and the legislative process that I understand you will be voting on this week to potentially ban the artificial sweetener, aspartame.

I have worked as a campaigner with other food and health networks and individuals in the UK for a number of years helping to facilitate the promotion of knowledge and information about the dangers of such additives. I have also spoken at public meetings in France and helped to arrange such information meetings here in England - principally working with leading US campaigner, Betty Martini when she came to the UK on two occasions and accompanying her to a meeting with officials from the European Commission in Brussels when they were presented with key documents relating to the history of how aspartame gained approval together with relevant scientific papers. Since that time there have, of course, been the famous Ramazzini Foundation findings.

There are dozens of MPs here in the UK Parliament who now have a formal position against aspartame see: http://en.wikinews.org/wiki/British_MP_calls_for_ban_on_Aspartame

and a major UK national daily paper also calling for a ban on an outright ban on potentially harmful food additives - for an update as at January 2008, see:

http://www.dailymail.co.uk/pages/live/articles/news/news.html?in_article_id=511414&in_page_id=1770&in_a_source

The two media extracts below show major retail strength of resolve in this matter now that UK supermarkets themselves are taking on the challenge of getting rid of additives including aspartame:

24-Apr-2007 - Britain's third largest supermarket is to remove artificial flavours and colours, as well as the aspartame sweetener, from its private label soft drinks.

Sainsbury's announced new drinks formulas would be on shelves from June, in a new sign that demand for natural ingredients is entering the mainstream soft drinks sector.

Extracted from http://www.beveragedaily.com/news/ng.asp?n=75998-sainsbury-s-soft-drinks-natural

Asda and M&S to phase out food additives by end of year

000313

By Martin Hickman, Consumer Affairs Correspondent
Wednesday, 16 May 2007

Two of Britain's biggest food retailers have announced they will phase out artificial colours and flavourings amid concern about the substances' impact on children's behaviour.

Asda said its new guarantee meant that E-numbers would be removed from all its own-brand products by the end of the year, while Marks & Spencer promised to do the same for 99 per cent of its food in the same time. The sweetener Aspartame is also being removed

Extracted from http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/asda-and-mamps-to-phase-out-food-additives-by-end-of-year-448996.html

It is to be hoped that your Committee will have a successful outcome in your voting regarding the banning of aspartame with the strength of your legislative members, your media and your food shops and supermarkets - good luck with this one!

Yours faithfully

Felicity Mawson
Mission Possible UK
27 Armond Road
Witham, Essex England

000314

mizuno1-Edgar

From: MRSCM4871@aol.com
Sent: Wednesday, February 13, 2008 8:21 AM
To: HLTtestimony
Subject: ASPARTAME TESTIMONY
Follow Up Flag: Follow up
Flag Status: Completed

DEAR SIR,
When making the decision on weather to ban aspartame or not, which I sure hope and pray that you do ban it, let me share a story with you.
My daughter was an avid Diet Coke drinker for many years and five years ago at the age of 21, she was diagnosed with hodgkins lymphoma, stage 3B. I had tried to educate her on the dangers of consuming this poison, but it all fell on deaf ears. My daughter had to suffer through 6 months of chemotherapy, but faired much better than most due to my tremendous amount of knowledge in holistic (God's) healing. Give the body what it needs and it will heal itself! My daughter is very well now and avoids this poison (aspartame) like the plague ! My two other teenage daughters had to learn the lesson of this evil poison as well. Both suffered terrible headaches from chewing gum laden with this poison. they just would not listen to me at the time. Now they know! Both have stopped the poison and NO more headaches! It would be in the best interest of all (except those getting rich off from the poison) if this were banned from the face of the earfth! I hope you decide to make that decision in your state today and get the ball rolling.

Sincerety,
Lynn Miller
4871 Leonard
Coopersville, Mi 49404

000315

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Wednesday, February 13, 2008 8:22 AM
To: HLTtestimony
Subject: Testimony of Yvonne Ruth Longacre, HB 2680, Banning Aspartame, Room 320, please copy and circulate

Representative Green:

I am a health care provider who lost her job because I labeled 3 Crystal Light drink mixes as poison. I work for a Christian organization called Mosaic whose Mission statement is, "In partnership with people who have disabilities, Mosaic provides supports and advocates that all may realize God's gift of wholeness of life."

I worked as a Direct Support Associate in Eastwood, a group home that serves 5 disabled men with seizure disorders. I worked 3, 12 hour, awake, overnight shifts by myself. I prepare all 3 meals as outlined by menus prepared by Sefra. She does all the shopping for the home. When Sefra was being trained for purchasing the groceries, she brought home 3 cans of Crystal Light drink mixes that contain aspartame/Nutra Sweet. I labeled them as poison because they cause Grand Mal Seizures. One of our clients has Grand Mal Seizures on a regular basis. One time he had 4 Grand Mal Seizures in a 24hour period and had to be sent to the Emergency Room. When I labeled the cans as poison, Sefra took it as a personal affront to her. My supervisors called me into a corrective action meeting and told me never to label the cans as poisonous again. I gave them the video "Sweet Misery: A Poisoned World" to watch. They didn't watch it and returned it with a sticky note attached saying, "Yvonne, you need to take this home. We are not interested, but thank you." Ever since that day Sefra refused to talk about anything nutritional. She just says, "She doesn't want to talk about it." I had talked to her about the Maker's Diet as found in Leviticus 11. She thought that was religious and I was trying to convert them. My goal was to return my clients to health.

In the past, I worked as a LPN and took the Hippocratic Oath that states, "that I will lead my life and practice my art in uprightness and honor, That whatever house I enter, it shall be for the good of the sick to the utmost of my power, that I will hold myself aloof from wrong; that I will exercise my art solely for the CURE of my patients, and will give no drug and perform no operation for a criminal purpose." I could not conscientiously give a product such as aspartame/Nutra Sweet to cause harm to patients that already have seizure disorders.

I had written an appeal to Mosaic's Regional Vice-President, Coleen Abeta, that included the video, "Sweet Misery" and a number of documents about Aspartame Poisoning, she sent me the following letter stating, "First of all I would like to thank you for all the materials you sent to me. I understand your passion for what you believe. In light of the circumstances and documentation I have reviewed, I support the termination. Thank you for your time of service."

These 5 aspartame victims all have seizure disorders and one is blind, and all cannot talk to communicate their feelings. They are all mentally retarded and one cannot walk. If aspartame would have been removed, their need to be placed in a group home wouldn't have occurred.

Without me no longer being there to protect them, I'm sure that they will continue using it, as the worker who prepares the menus uses diet soda.

Sincerely,

:Yvonne-Ruth :Longacre.

000316

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Wednesday, February 13, 2008 8:36 AM
To: HLTtestimony
Subject: Testimony, Leslie Johnson, HB 2680, banning aspartame: Please circulate

From: leslie59@live.com
To: repgreen@capitol.hawaii.gov
Subject: Aspartame
Date: Wed, 13 Feb 2008 13:27:30 -0500

Dear Representative Green,

Aspartame almost killed me, Its horrible stuff, I know its killing, & making people chronically sick.

It caused me to have car accidents due to not being quite with it.

I Couldn't think Straight, I had so many health problems, Symptoms of M.S.

I am fine now that I make sure I don't use aspartame anymore.

This is just horrible that people thinking the FDA approves this to eat & drink, they

are letting people be sick & die & have accidents.

I think this is Just Terrible. But I'm out there educating everyone I can.

Thanks for listening. Sincerely Leslie Johnson

000317

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Wednesday, February 13, 2008 10:07 AM
To: HLTtestimony
Subject: Fwd: House Bill 2680, Room #329 Testimony Arthur McBryan

>X-Yahoo-Newman-Property: ymail-3
>Reply-To: "Arthur McBryan" <amcbryan@btinternet.com>
>From: "Arthur McBryan" <amcbryan@btinternet.com>
>To: <bettym19@mindspring.com>
>Subject: House Bill 2680, Room #329
>Date: Wed, 13 Feb 2008 19:51:36 -0000
>
>
>
>
>Arthur McBryan
>London, UK
>
>Re: House Bill 2680 Room #329
>
>Please Copy as Committee handout
>
>To Whom it May Concern
>I've been hit by aspartame poisoning too... When I injested the stuff
>about six years ago I suffered blurring of vision and some migraine
>attacks but not I realize that the damage has been much more serious
>damage, I have since been diagnosed as having aspergers syndrome and
>I'm afraid aspartame has triggered off some autistic traits including a
>severe loss of balance, I have been to see an ear, nose and throat
>specialist and she gave me an all clear, I am booked up to see a
>neurologist next, so I am hoping that will book me for an MRI, and see
>if I am suffering from a tumour, the effects of autism or whatever!
>
>Arthur McBryan
>
>
>

000318

mizuno1-Edgar

From: SavLass@aol.com
Sent: Wednesday, February 13, 2008 11:55 AM
To: HLTtestimony
Subject: WHEELCHAIR NOW AT 45 YEARS OLD

Savannah Lass's. Aspartame Page. I DARE YOU TO READ IT!

ASPARTAME ALMOST KILLED ME............I AM IN A WHEELCHAIR NOW LOOK AT MY PIC ON THE WEBSITE

000319

mizuno1-Edgar

From: SavLass@aol.com
Sent: Wednesday, February 13, 2008 12:03 PM
To: HLTtestimony
Subject: Hearing in Room #329, HON. JOSH GREEN M.D.,

---

p. Joe Bertram III; Rep. Rida Cabanilla; Rep. Karl Rhoads; Rep. James Tokioka; Rep. Gene Ward
Subject: Hearing in Room #329, 8 A.M., Friday Feb. 8 HON. JOSH GREEN M.D.,

Bill # is 2680

PLEASE XEROX AS COMMITTEE HANDOUT FOR THIS HEARING.
Savannah Lass's. Aspartame Page. I DARE YOU TO READ IT!

ASPARTAME ALMOST KILLED ME............I AM IN A WHEELCHAIR NOW LOOK AT MY PIC ON THE WEBSITE

---

mizuno1-Edgar

From: Lady Carol Ann Davies-Joubert [mision_posible.espanya@yahoo.com]
Sent: Thursday, February 14, 2008 5:48 AM
To: HLTtestimony
Subject: ASPARTAME ALREADY BANNED

may be the first in the US to ban aspartame - if they aren't sabotaged by the industry lobbyists, - but they will not be the first in the world.
The Philippines has that distinction, having banned aspartame on October 13, 2005. Anyone breaking that law faces heavy fines.
They used the FDA's own list of 92 symptoms attributed to aspartame, which include developmental retardation in children; coma and death. (Document attached)
There are 47 members of parliament in Britain who are pushing to get aspartame banned in their country; Many of the major stores in Britain have voluntarily chosen to stop using aspartame in their products; and there are movements to get aspartame banned in other parts of the world.
Is this product really that dangerous?
I consumed a soda drink for nearly six years which contained aspartame. It was **not** a 'diet' or 'light' soda and not advertised as such. I consumed just one-and-one-half liters per day. This means I was consuming approximately 227,5mg of aspartame; of which 22,75mg was methanol. This amount of aspartame is well below the daily limit allowed.
Methanol is poisonous. It converts to formaldehyde in the body. These are facts, not guesswork.
When I began consuming this product I was evaluated at 19% disability because of mild arthritis. In less than six months my disability rating had shot up to 65% and I was in a wheelchair.
Any doctor will tell you that arthritis does not deteriorate at such a rate unless there is some outside agent that is causing severe damage to the joints. Spondiloarthrosis is arthritis of the spine, which is what I have been diagnosed with.
In under a year my disability has soared to 84% and I was also diagnosed with an enlarged heart.
Other toxic effects that I had from aspartame are:
*Grand Mal Seizures during the night - disappeared since I stopped consuming aspartame.
*Restless Leg Syndrome - disappeared since I stopped ingesting aspartame.
*Arrythmia and loss of pulse - improved since I stopped ingesting aspartame but will reappear if I unknowingly consume anything that has aspartame.
*Extreme fatigue - chronically tired and unable to function normally.
*Heavy sedation - I was sleeping between 16 to 20 hours daily, feeling as if I was recovering from general anaesthetic but without fully recovering my sense.
*Vision disturbance in the left eye and pain in the optic nerve - disappeared since I stopped ingesting aspartame.
*Extreme joint pain including fingers and toes - This has improved since I stopped ingesting aspartame, but not fully; the degenerative progression of the arthritis has slowed down, but there is permanent damage to the joints of the spine. The doctor has prescribed morphine PRN for those days when the pain is severe and does not respond to the usual analgesics prescribed for this.
*Severe depression and personality changes - disappeared since eliminating aspartame from my diet.
The withdrawal symptoms from this included: severe anxiety; craving similar to drug addiction; constant intense thirst; disturbed sleep pattern; mood swings; short temper; muscle cramps; and much more. It was at least 4 to 5 weeks before I began to feel an improvement.
All of this is medically documented.
I am now on a disability pension.
I have been assessed for a dependency rating; I need a caregiver 24/7.

I stopped using aspartame products November 2, 2006.
I sincerely hope that Hawaii legislature will have the courage to do what is right for their constituents.
Anything else would be criminal negligence.
Thank you for your time.
Yours sincerely,
Lady C. Ann Davies-Joubert

---

mizuno1-Edgar

From: Kim Dellis, T-US [Kim.Dellis@tecan.com]
Sent: Thursday, February 14, 2008 7:17 AM
To: HLTtestimony
Subject: House Bill 26080 - Aspartame

Please Copy as Committee handout

Dear House Health Committee

I am writing to tell you my personal story with aspartame. I am a victim of aspartame poisoning, but unlike many others, I survived to tell my story. I began consuming diet sodas early 1999 in an effort to lose weight. My nightmare began approximately 2 years later. I began suffering heart palpitations, severe dizziness, daily headaches, hypoglycemia symptoms, chronic fatigue, head in a fog, tingling/numbness in my legs, flu-like and many other symptoms. I constantly felt like I was going to pass out. I had to drive with my head pressed against the head rest because I was so dizzy. I can't count the number of times I had to pull over to the side of the road for fear of killing another driver. I visited my GP on many occasions. She ran blood tests, EKG, etc. but could not find anything wrong. I suffered every day. I awakened every morning feeling like I had been hit by a truck. It was almost impossible to continue with daily life. In January 2001, (age 37) I passed out and had some sort of seizure episode for the first time in my life, lost control of bowels, etc. The doctor said that I was dehydrated, treated that and sent me home for bed rest. The symptoms continued, sometimes more severe than others.

Sept 29, 2004 my husband and I were in a restaurant. I had been feeling really bad the previous week and actually told my husband that I felt like I was being poisoned. My doctor ordered a heavy metal screening, which was negative. I knew I was dying, and no one would ever know why! Back to the restaurant, we had just finished our dinner, when all of a sudden I told my husband that I was going to pass out. I said this twice. I felt as though the blood was draining from my head to my feet rapidly. I turned white, then blue, was not breathing, then began having another seizure. This attack was very serious. When emergency arrived, I barely had a pulse and was rushed to ER. I then had the million dollar workup performed, but guess what? I was healthy as a horse. Heart, lungs, brain, blood, every test revealed normal results. The neurologist finally said that he did not know for a fact that it was a seizure and he sees people like me every day. I personally believe that my heart just stopped beating from the aspartame.

After I was discharged from the hospital, I was afraid to drink anything but water and I certainly did not have any diet sodas while in the hospital either. After 3 days of abstinence, I awakened feeling wonderful. My head was so clear, I felt great. But of course, I did not make the connection of a reaction to the poison aspartame. I eventually began consuming diet sodas again, I was addicted. Then the systems began to return almost immediately. It was finally Easter of 2005 that I learned through the internet of the dangers of aspartame. I immediately quit consuming the toxin and am getting back to good health and have not had ANY seizures and feelings of black outs.

I have suffered for at least three years, almost lost my job, without ANYONE able to help! It was a total nightmare that came on gradually and almost took my life. Please, please do not dismiss these testimonies or look the other way. Aspartame is seriously damaging health and taking lives. Please do the right thing, take the step to remove this poison from our food supply.

Thank you so much for your time.

Kim Dellis

000323

From: Dr. Betty Martini,D.Hum. [bettym19@mindspring.com]
Sent: Thursday, February 14, 2008 7:16 PM
To: HLTtestimony
Subject: Anne Smith's Testimony, just to be on record, Hawaii House Bill 2680

To: WNHO-Aspartame-Information@yahoogroups.com

From: "Anne Smith" <butterfly54@optusnet.com.au>

Sender: WNHO-Aspartame-Information@yahoogroups.com

I urge the banning of aspartame world wide.
My journey into the nightmare of aspartame began in the 1970s when I added artificial sweeteners to my coffee and milk to stop putting on weight. It didn't work. The more I tried to limit weight, the more I increased. Obviously artificial sweeteners don't increase brain power.
I kept on having the supposedly safe sweeteners even while I was pregnant. All three of my children were diagnosed with complications, the boys both had a hydrocele (a disorder in which serous fluid accumulates in a body sac (especially in the scrotum). My daughter had a hormone illness, which was diagnosed when she was a teenager.
As a result, my sons will probably never have children of their own.
I kept on taking supposedly safe artificial sweeteners. I then was diagnosed with multiple sclerosis and diabetes. A few years later I was diagnosed with breast cancer.
We all know the dangers of aspartame. What if there is another danger. It could be the major cause of diabetes. There are people everywhere who take artificial sweeteners on their doctor's advice.
Take it and your diabetes will be better controlled, we are told. I believe this acceptance of artificial sweeteners is not the cure all for diabetes, it is the cause of a massive world wide outbreak of the disease. The aspartame is the trojan horse of our generation and is destroying us, world wide. It sneaks in pretending to be the good and only cure, and ends up being the thing that kills us. Brain tumours and ms etc. aside, we are all putting on weight. That is pointed to as a cause for diabetes. We need to do something about this trojan horse before more of our children sucking up diet drinks succumb to the disease.

__._,_.___

000324

HESH GOLDSTEIN, MScNutr

"Health Talk" Moderator K-108 Radio
P.O. Box 240783
Honolulu, Hawaii 96824-0783
Tel: (808) 258-1177 / Fax: (808) 848-8640
heshgoldstein@gmail.com

TESTIMONY IN SUPPORT OF HB2680: TO BAN THE USE OF ASPARTAME

For Hearing in Room #329, 8 A.M., Friday 2/8/08

PLEASE COPY AS COMMITTEE HANDOUT FOR THIS HEARING

TO: CHAIR JOSH GREEN M.D., VICE CHAIR JOHN MIZUNO, MEMBERS OF THE COMMITTEE

No doubt you will be lobbied by companies like Ajinomoto, Coca Cola, Pepsi and others to not ban Asparatme. You must not lose sight of the fact that their sole motivation for you to not ban Aspartame is money and profits and most definitely not the health of the people. We, the people of Hawaii, can only hope and pray that you will focus on our health and not corporate profits.

Aspartame is marketed as a "diet aid". The reality is that Aspartame causes the brain to stop producing serotonin, which results in feeling as though you haven't had enough to eat even when you are full.

75% of ALL recorded complaints received by the FDA were concerning Aspartame. Those symptoms complained about included headache, nausea, vertigo, insomnia, loss of control of limbs, blurred vision, blindness, memory loss, slurred speech, depression, hyperactivity, gastronomical disorders, seizures, skin lesions, rashes, anxiety attacks, muscle and joint pain, numbness, mood changes, menstrual cramps out of cycle, hearing loss or ringing in the ears, and heart palpitations.

Aspartame has three components: phenylalanine (50%), aspartic acid (40%), and methanol, aka wood alcohol (10%). But, their breakdowns present an even greater cause for concern. Phenylalanine decomposes into diketopiperazine (DKP), a known carcinogen when exposed to warm temperatures or prolonged storage. At 84 degrees F, the wood alcohol converts to formaldehyde. The body's temperature is 98.6 degrees F. Talk about "Night of the Living Dead"!

Infants are four more times sensitive to excitotoxins, which is what Aspartame is classified as, than adults.

Gmail by Google BETA

Hesh Goldstein <heshgoldstein@gmail.com>

Testimony from Ralph Walton, MD: Hawaii House Health Committee, SB2680

1 message

Dr. Betty Martini,D.Hum. <bettym19@mindspring.com> **Sun, Feb 10, 2008 at 12:27 PM**
To: bettym19@mindspring.com

From: RWalton193@aol.com

Date: Sun, 10 Feb 2008 14:24:59 EST
Subject: Re: Hawaii Bill SB2680 to ban aspartame testimony
To: bettym19@mindspring.com

Dear Dr. Green:
I understand that as part of your deliberation regarding the possibility of banning aspartame use in Hawaii you wish to hear from professionals who have done research on this issue.

My first publication on adverse reactions to this artificial sweetener was a case report: Walton, R.G. Seizure and Mania after High Intake of Aspartame Psychosomatics March 1986 27(3) 218-220. I concluded that my patient's clinical course could best be accounted for by her aspartame intake. One of the reviewers for this paper was Dr. Richard Wurtman, Chairman of the Department of Cognitive Sciences at M.I.T. Dr. Wurtman contacted me and asked me to keep track of other patients with seizures which I felt could be related to aspartame consumption. I did so and was eventually invited by Dr. Wurtman to present a paper at an M.I.T. conference - "Dietary Phenylalanine and Brain Function" held May 8-10, 1987. That paper forms the basis of a chapter in a book edited by Dr.Wurtman: Walton, R.G. Chapter 18 The Possible Role of Aspartame in Seizure Induction; WurtmanR.J., Ritter-Walker,E. Dietary Phenylalanine and Brain Function. Boston Birkhauser 1988. Although at that time I felt aspartame was a "possible" trigger my subsequent clinical experience over the past 20 years has, in my mind transformed that "possibility"

000326

into a certainty.

In both of my original papers I suggested that appropriate double blind studies needed to be done. I undertook such a study, which was published in Biological Psychiatry in 1993: Walton, R.G. Hudak,R.Grrene-Waite, R. Adverse Reactions to Aspartame:Double Blind Challenge in Patients from a Vulnerable Population. Biological Psychiatry, 1993;34:13-17. My hypothesis in this study was that since aspartame led to an increase in norepinephrine precursors, coupled with a simultaneous decrease in serotonin precursors, the potential alteration in central nervous system catecholamine/indoleamine balance would pose a special challenge for patients with a mood disorder. I was not prepared for the severity of adverse reactions, which led the I.R.B. to appropriately put an early end to the study. Despite the resultant small "n" the findings were still statistically significant, demonstrating that patients with affective disorder were particularly vulnerable to a wide range of adverse reactions.

One unexpected event was that 2 study participants experienced ophthalmologic emergencies - one, a 42 year old psychologist with no history of eye problems experienced a retinal detachment and required emergency surgery and a 40 year old nurse for the first time in her life had a conjunctival hemorrhage. For statistical purposes these events were recorded as occurring during the placebo arm, but there was concern that these problems may have been initiated during the aspartame arm, which they had both just completed. My own belief is that these problems were related to the methanol produced by their aspartame consumption, although this was of course not one of the conclusions of the study.

There will undoubtedly be a great deal of pressure from the aspartame industry, which will point to the hundreds of studies attesting to their product's safety. It is important to bear in mind, however, that virtually all of these studies were funded by the industry, whereas essentially all independently funded studies identify one or more problems. I pointed this out to Mike Wallace in 1996 when he was interviewing me for a 60 Minutes segment on aspartame. He challenged me on this so I prepared a chart documenting my claim. This chart was included in the 60 Minutes story and is still available on the internet.

In summary, Dr. Green, after studying and researching this question for over 20 years, it is my firm conviction that aspartame lowers

000327

seizure threshold, mimics or exacerbates a wide variety of neuropsychiatric disorders, contributes to the incidence of certain cancers, and because of it's impact on the hypothalamic "appestat" plays a significant role in the world-wide epidemic of obesity and type 2 diabetes. It should definitely be banned.

Thank you for your attention to this most urgent public health issue.

Yours sincerely,

Ralph G. Walton, M.D.
Medical Director, Safe Harbor Behavioral Health
Adjunct Professor of Psychiatry, Lake Erie College of Osteopathic Medicine
Former Professor and Chairman,
Department of Psychiatry,
Northeastern Ohio Universities College of Medicine

Gmail by Google BETA

Hesh Goldstein <heshgoldstein@gmail.com>

Hawaii Bill SB2680 to ban aspartame testimony

1 message

Dr. Betty Martini,D.Hum. <bettym19@mindspring.com> **Sun, Feb 10, 2008 at 9:16 AM**

To: bettym19@mindspring.com

X
Date: Sun, 10 Feb 2008 10:53:24 -0800 (PST)
From: Tony Orman <greywolf94@yahoo.com >
Subject: HS2680, House Health Committee, Hawaii
To: repgreen@Capitol.hawaii.gov , repmizuno@capitol.hawaii.gov
Cc: HLTestimony@Capitol.Hawaii.gov , repbelatti@Capitol.hawaii.gov , repbertram@Capitol.hawaii.gov , repcabanilla@Capitol.hawaii .gov, reprhoads@Capitol.hawaii.gov , reptokioka@Capitol.hawaii.gov , repward@Capitol.hawaii.gov , repcarroll@Capitol.hawaii.gov , sendige@Capitol.hawaii.gov , senfukunaga@Capitol.hawaii.gov , senchunoakland@Capitol.hawaii .gov, bettym19@mindspring.com

Honorable John Mizuno, Vice Chair

Honorable Rep. Josh Green, M..D.

Greetings and hello. I wrote to you last week regarding the bill to ban Aspartame from the great state of Hawaii. I feel so strongly about this issue, I had to write to you again. In the coming days you are going to hear from a number of people that have been seriously affected as well as the lobbyists that say it is perfectly safe. What to do, what is the answer? Examine all of the evidence, consider your populations" general health and consider the decline of the overall general health of the entire population of the US. Your own state health department can give you accurate statistics of the number of neurological diseases and the increase in those diseases since 1980. The one to pay particular attention to is the increase in Multiple Sclerosis in women versus men. Nearly 4 times as many

000329

women as men have developed MS in the past 10 years. Why is this? Possibly because women are heavier users of diet products and Aspartame? I think it is.

In my own case, I have been using it for 15 years and a heavy user for the past 3 years. At some point my body reached critical mass and I developed MS. I was diagnosed with progressive MS and I was supposed to get worse with time. I have a good friend that has primary progressive MS, he is 42 and has been in a wheelchair for the past 9 years. He is bedridden now and can no longer communicate. Both he and his wife are diet coke drinkers and have been for years. Did this have anything to do with his MS? I don"t know but it would be interesting to test him and find out. Over the past 3 weeks I have met 3 people that have Fibromyalgia and one that has MS. I live in a rural area of Arkansas and there should not be that many people with neurological disorders here.

I am taking the time to write to you again because I often wonder what I would think and do if I were in your position. It is not and easy decision and should not be taken lightly. However, when you stop and think about the uninformed people in your state that have no idea what they are consuming I believe you have to take action. They are your constituents and they are relying on you to keep them safe. I"m sure there are a large number of people that have no idea this legislation is even pending. If the industry has their way, they never will.

Ask the industry lobbyists if they would be willing to have a truly independent research facility test Aspartame, are they willing to have an open, well publicized debate on its effects and how much money is on the line for them? They have a huge financial interest in keeping Aspartame on the market and will do whatever it takes to do so. Also, ask yourself what impact this will have on your own state. Sugar prices have been down a long time due to the popularity of artificial sweeteners. I"m sure the local growers would love to see their product in demand once again. Also, what about the artificial sweeteners that can be made from sugar? This will satisfy the diabetics and those that cannot consume sugar.

000330

As for me right now? I have been off of Aspartame for two months and I have not felt this good in 10 years or more. I was using a cane on a daily basis and a walker back in August. My symptoms were horrendous and I felt like a little, feeble old man. I am 40 years old and I want to live my life to the fullest and now I can. I have started going on hikes in the woods and I"m even getting a home gym next week. If you had told me that I would be working out again I would have never believed it. I have so much energy now and I am thinking so clearly, I can"t wait to get started and again, it has only been two months.

Thank you for your time and attention to this very serious matter. I hope you will do what is right for your people, protect their safety and ban Aspartame as soon as possible.

Tony Orman

Cherokee Village, Arkansas

000331

Gmail by Google BETA

Hesh Goldstein <heshgoldstein@gmail.com>

Who Flinched the Testimonies for Hawaii: HB 2680 Bill to ban aspartame, Room 329

1 message

Dr. Betty Martini,D.Hum. <bettym19@mindspring.com> **Sat, Feb 9, 2008 at 9:56 PM**
To: bettym19@mindspring.com

Date: Sun, 10 Feb 2008 02:23:58 -0500
To: bettym19@mindspring.com
From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com >
Subject: Who Flinched the Testimonies for Hawaii: HB 2680 Bill to ban aspartame, Room 329

I know everyone is eager to know what went on in Hawaii. Nothing yet. A great deal of effort was applied by victims with their stories and physicians who sent the scientific evidence that aspartame isn't safe to Rep Josh Green, M.D., and Vice Chair Rep John Mizuno, with copies to the entire committee.

At the meeting there were a handful of arguments from the other side and some testimonies of victims. None of the excellent testimony of physician experts and scientists was read. They had been sent but mysteriously disappeared! This was posted on the legislature's website by Rep. John Green, M.D.:

"Although Rep. Josh Green (D-North Kona) sympathized with supporters who have been affected by the artificial sweetener aspartame, he was unable to immediately pass a bill that would ban the artificial sweetener aspartame in food products without concrete evidence showing a connection between
aspartame and medical ailments. We can't take numerous amounts of products off Hawaii store shelves without evidence of a connection, he said."

So voting on the bill has been deferred until Wednesday, February 13. Dr. Green would like about 400 letters from physicians, scientists and professionals. We have many physicians on our list and we ask that all write and pass this request on to their lists of physicians as well. I'm also asking that all victims on our

000332

Aspartame Information List on www.mpwhi.com write as well as those on the Mission Possible lists. We can get this done. Every letter counts. This is being sent to other lists too. Doctors who have done studies on aspartame should give the URL or web site to that study. Anything over 5 pages must be faxed. Address e-mails to:

Rep Josh Green, M.D. at repgreen@Capitol.hawaii.gov
Rep. John Mizuno at repmizuno@Capitol.hawaii.gov

Also please send a blind copy to the whole committee, and myself:

HLTestimony@Capitol.Hawaii.gov
repbelatti@Capitol.hawaii.gov
repbertram@Capitol.hawaii.gov
repcabanilla@Capitol.hawaii .gov
reprhoads@Capitol.hawaii.gov
reptokioka@Capitol.hawaii.gov
repward@Capitol.hawaii.gov
repcarroll@Capitol.hawaii.gov
sendige@Capitol.hawaii.gov
senfukunaga@Capitol.hawaii.gov
"Sen. Suzanne Chun Oakland" <senchunoakland@Capitol.hawaii .gov>
bettym19@mindspring.com

Please ask that your testimony be copied and circulated.

H. J. Roberts, M.D., sent his encyclopedic 1000 page medical text, "ASPARTAME DISEASE: An IGNORED EPIDEMIC" to Dr. Green. We hope the entire committee will review it. www.sunsentpress.com

Today James Turner, the renowned consumer attorney and former Nader Raider who fought against the approval of aspartame with neuroscientist Dr. John Olney explained: "The toxicity of this deadly carcinogen is well known. The FDA not only refused to approve aspartame for years, but asked the Department of Justice to indict G.D. Searle, the manufacturer, for submitting fraudulent test reports to get the poison approved. The evidence was overwhelming and Searle's case was impossible to defend, so their attorneys seduced the federal prosecutors, Sam Skinner and Wm. Conlon, who negotiated for jobs with Searle's lawyers while they were supposed to prosecuting Searle! Before switching sides they stalled until the statute of limitations was about to run out so Searle couldn't be prosecuted later. Justice died, as have thousands of aspartame victims in the 25 years since.

000333

"The Board of Inquiry of the FDA revoked the petition for approval since aspartame couldn't be proven safe and triggered brain tumors. Thus science never proved aspartame safe. Don Rumsfeld was CEO of Searle at the time and said he would "call in his markers" to get it on the market. That he did. So aspartame is here today because of political chicanery, not science. FDA scientist, Dr. Adrian Gross and FDA toxicologist Dr. Jacqueline Verrett testified against aspartame before Congress for it being on the market. It violates the Delaney Amendment because it triggers brain tumors and brain cancer, adulteration statutes and Interstate Commerce." http://www.wnho.net/delaney_lives.htm

The Congressional and Administrative News: Legislative History of Food Additives Amendment of 1958 (p. 5302) declares: "Safety requires proof of reasonable certainty that no harm will result from the proposed use of an additive ... In determining the 'safety' of an additive, scientists must take into consideration the cumulative effect of such additive in the diet of man or animal over their respective life spans together with any chemically or pharmacologically related substances in such diet. Thus, the safety of an additive in such diet. Thus, the safety of a given additive involves informed judgements based on educated estimates by scientists and experts of the anticipated ingestion of an additive by man and animals under likely patterns of use"

Original studies produced brain tumors and brain cancer as well as testicular, mammary and ovarian tumors plus grand mal seizures and an extensive list of other disabilities. Studies by Searle in Dr. Olney's lab (so he could see for himself) showed brain damage but they never sent the report to the FDA. This data is in the documentary, "Sweet Misery: A Poisoned World", www.soundandfury.tv

This paragraph alone should be the death knell for aspartame. First of all, aspartame is only masquerading as an additive and is an addictive excitoneurotoxic carcinogenic drug that interacts with other drugs and vaccines. Martha M. Freeman, M.D., of the FDA Division of Metabolic and Endocrine Drug Products concluded even back in 1973 about Searle's studies:

"1. The administration of aspartame, as reported in these studies at high dosage levels for prolonged periods, constitutes clinical investigational use of a new "drug" substance."

2. The information submitted for our review is inadequate to permit a scientific evaluation of clinical safety."

000334

As to life time study of aspartame on animals, Dr. M. Soffritti showed in a 2005 study that aspartame is a multipotential carcinogen: www.Ramazzini.it

"Aspartame (APM) is one of the most widely used artificial sweeteners in the world. Its ever-growing use in more than 6000 products, such as soft drinks, chewing gum, candy, desserts, etc., has been accompanied by rising consumer concerns regarding its safety, in particular its potential long-term carcinogenic effects.
In light of the inadequacy of the carcinogenicity bioassays performed in the 1970s and 1980s, a long-term mega-experiment on APM was undertaken at the Cesare Maltoni Cancer Research Center of the European Ramazzini Foundation on groups of male and female Sprague-Dawley rats (100-150/sex/group), 8 weeks old at the start of the experiment. APM was administered in feed at concentrations of 100,000, 50,000, 10,000, 2,000, 400, 80, or 0 ppm. Treatment lasted until spontaneous death of the animals. The results of the study demonstrate that APM causes: (a) an increased incidence of malignant tumor-bearing animals, with a positive significant trend in both sexes, and in particular in females treated at 50,000 ppm (P
d
0.01) when compared to controls; (b) an increase in lymphomas-leukemias, with a positive significant trend in both sexes, and in particular in females treated at doses of 100,000 (P
d
0.01), 50,000 (P
d
0.01), 10,000 (P
d
0.05), 2000 (P
d
0.05), and 400 ppm (P
d
0.01); (c) a statistically significant increased incidence, with a positive significant trend, of transitional cell carcinomas of the renal pelvis and ureter in females and particularly in those treated at 100,000 ppm (P
d
0.05); and (d) an increased incidence of malignant schwannomas of the peripheral nerves, with a positive trend in males (P
d
0.05). The results of this mega-experiment indicate that APM, in the tested experimental conditions, is a multipotential carcinogenic agent. "

In 2007 Soffritti's new study:
"<http://www.ehponline.org/docs /2007/10271/abstract.html/ >Lifespan Exposure to Low Doses of Aspartame Beginning During Prenatal Life

000335

Increases Cancer Effects in Rats" confirmed damage from low-dosage aspartame consumption over the long term and clearly demonstrated a great danger to unborn babies and children.

Newly identified is risk of breast cancer as the aspartame using child matures.
Exposures were at low doses. A 20 kg (45 pounds) child drinking 2 cans of diet soda a day brings into his body 400 mg. of aspartame.
Food & Drink Weekly reports that soda is the most commonly consumed beverage among children and soft drink consumption is up 500% over the last 50 years. American consumption has skyrocketed to over 600 12-ounce servings per person per year, and climbing. Coke's goal is to jump sales 25% annually.
The aim of Soffritti's new study was to identify the cancer risk aspartame presents, starting with the mother's ingestion before the fetus is born. The study was conducted on groups of 70-95 male and female Sprague Dawley rats, administered aspartame with feed at concentrations of 2000, 400, or 0 ppm from the 12th day of fetal life until natural death.
The results of this carcinogenicity bioassay confirm and reinforce the earlier study's demonstration of aspartame's multipotential carcinogenicity. Further, the study demonstrates that when lifespan exposure to aspartame begins during fetal life, its carcinogenic effects magnify.
Dr. Philip Landrigan, Chairman of Community and Environmental Medicine at Mt. Sinai Medical Center, says Dr. Soffritti's study on rats strongly implies human risk. He advises parents of young children to think very very carefully about giving drinks and other aspartame-contaminated foods to children. He advocates federal action be taken to review regulation of aspartame and that the chemical be submitted for precise critical investigation. The abstract and link to the full text to be published on EHP online, is on the homepage of the European Ramazzini Foundation: <http://www.ramazzini.it/ >www.ramazzini.it
---
Aspartame carcinogenicity was known by the FDA for decades:
On August 1, 1985 FDA's own toxicologist, Dr. Adrian Gross, told Congress at least one of Searle's studies "has established beyond ANY REASONABLE DOUBT that aspartame is capable of inducing brain tumors in experimental animals and that this predisposition of it is of extremely high significance. ... In view of these indications that the cancer causing potential of aspartame is a matter that had been established WAY BEYOND ANY REASONABLE DOUBT, one can ask: What is the reason for the apparent refusal by the FDA to invoke for this food additive the so-called Delaney Amendment to the Food, Drug and Cosmetic Act?"

000336

The Delaney Amendment makes it illegal to allow any residues of cancer causing chemicals in foods. In his concluding testimony Gross asked, "Given the cancer causing potential of aspartame how would the FDA justify its position that it views a certain amount of aspartame as constituting an allowable daily intake or 'safe' level of it? Is that position in effect not equivalent to setting a 'tolerance' for this food additive and thus a violation of that law? And if the FDA itself elects to violate the law, who is left to protect the health of the public?" Congressional Record SID835:131 (August 1, 1985)

Dr H. J. Roberts medical text goes into the interaction of aspartame with drugs as does Excitotoxins: The Taste That Kills by neurosurgeon Russell Blaylock, M.D., www.russellblaylockmd.com His CD "The Truth About Aspartame" www.atavistik.com discusses the Ramazzini Study in detail.

Pass this on so that Rep Josh Green, M.D., and the House Committee on Health understands aspartame is a chemical poison and must be banned to save the people of Hawaii. There is an epidemic of diabetes and aspartame (NutraSweet/Equal/Spoonful/E951/Canderel, etc.) can not only precipitate diabetes but simulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve, causes diabetics to go into convulsions and even interacts with insulin. The free methyl alcohol is causing them to lose their limbs. How bad can aspartame get? It even embalms living tissue and damages DNA: http://www.mpwhi.com/formaldeh yde from aspartame.pdf
Below my signature is full information on House and even important Senate emails and fax numbers.

Dr. Betty Martini, D.Hum, Founder
Mission Possible International
9270 River Club Parkway
Duluth, Georgia 30097
770 242-2599
www.mpwhi.com, www.dorway.com and www.wnho.net
Aspartame Toxicity Center, www.holisticmed.com/aspartame

Josh Green, M.D.
6th Representative District
Hawaii State Capitol, Room 327
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-9605; fax 808-586-9608
>From the Big Island, toll free 974-4000 + 69605
E-mail repgreen@Capitol.hawaii.gov

000337

John Mizuno
30th Representative District
Hawaii State Capitol, Room 436
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6050; fax 808-586-6051
E-mail repmizuno@Capitol.hawaii.gov

Karen Leinani Awana
44th Representative District
Hawaii State Capitol, Room 319
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-8465; fax 808-586-8469
E-mail repawana@Capitol.hawaii.gov

Della Au Belatti

25th Representative District
Hawaii State Capitol, Room 331
415 South Beretania Street
Honolulu, HI 96813
Phone 808-586-9425; fax 808-586-9431
email repbelatti@Capitol.hawaii.gov

Joe Bertram, III
11th Representative District
Hawaii State Capitol, Room 311
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-8525; fax 808-586-8529
>From Maui, toll free 984-2400 + 68525
e-mail repbertram@Capitol.hawaii.gov

Rida T.R. Cabanilla
42nd Representative District
Hawaii State Capitol, Room 442
415 South Beretania Street

000338

Honolulu, HI 96813
phone 808-586-6080; fax 808-586-6081
E-mail repcabanilla@Capitol.hawaii .gov

Karl Rhoads
28th Represenitive District
Hawaii State Capitol, Room 326
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6180; fax 808-586-6189
e-mail reprhoads@Capitol.hawaii.gov

James Kunane Tokioka
15th Representative District
Hawaii State Capitol, Room 322
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6270; fax 808-586-6271
>From Kauai, toll free 274-3141 + 66270
e-mail reptokioka@Capitol.hawaii.gov

Gene Ward, Ph.D.
17th Representative District
Hawaii State Capitol, Room 318
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6420; fax 808-586-6421
E-mail repward@Capitol.hawaii.gov

David Y. Ige Chairman of Senate Health Committee
16th Senatorial District
Hawaii State Capitol, Room 215
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6230; fax 808-586-6231
E-mail sendige@Capitol.hawaii.gov

000339

Carol Fukunaga, Senator, Vice Chair
11th Senatorial District
Hawaii State Capitol, Room 216
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6890; fax 808-586-6899
e-mail: senfukunaga@Capitol.hawaii.gov

Rosalyn H. Baker
5th Senatorial District
Hawaii State Capitol, Room 210
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6070; fax 808-586-6071
>From Maui, toll free 984-2400 + 66070
e-mail senbaker@Capitol.hawaii.gov

Ron Menor
17th Senatorial District
Hawaii State Capitol, Room 208
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6740; fax 808-586-6829
e-mail senmenor@Capitol.hawaii.gov

Paul Whalen
3rd Senatorial District
Hawaii State Capitol, Room 223
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-9385; fax 808-586-9391
>From the Big Island,
toll free 974-4000 + 69385
e-mail senwhalen@Capitol.hawaii.gov

000340

Senator Kalani English
Hawai`i State Capitol, Room 205 From Maui toll free: 1 800 984 2400 + 77225
415 South Beretania Street From Moloka`i and Lana`i: 1 800 468 4644 + 77225
Honolulu, HI, 96813 E-mail: senenglish@capitol.hawaii.gov

Phone: 808 587 7225 Web Site: www.kalanienglish.com
Fax: 808 587 7230

Calvin K.Y. Say

Speaker of the House

20th Representative District
Hawaii State Capitol, Room 431
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6100; fax 808-586-6101
e-mail <mailto:repsay@Capitol.hawaii.gov >repsay@Capitol.hawaii.gov

---

000341

Gmail by Google BETA

Hesh Goldstein <heshgoldstein@gmail.com>

Diabetic Study halted because of deaths! How many were on aspartame/NutraSweet/Equal? Bill to Ban aspartame HB2680 now before the Hawaii House Health Committee

1 message

Dr. Betty Martini,D.Hum. <bettym19@mindspring.com> Sun, Feb 10, 2008 at 12:09 PM

To: bettym19@mindspring.com

Let's get to the bottom of the issue on why these people died. Just find out which of these diabetic patients were using aspartame. Aspartame marketed as NutraSweet, Equal, Spoonful, E951, Canderel, etc. first of all can precipitate diabetes. It simulates and aggravates diabetic retinopathy, destroys the optic nerve, causes diabetics to go into convulsions and even interacts with insulin. In fact, aspartame interacts with drugs. Read some of the comments from physicians on aspartame in this post about Heath Ledger's death having to do with drug interaction, and the information I quoted from the medical text, Aspartame Disease: An Ignored Epidemic, www.sunsentpress.com by world aspartame expert and diabetic specialist, H. J. Roberts, M.D., F.A.C.P. F.C.C.P. http://www.mpwhi.com/heath_ledger.htm

Aspartame can actually induce hypoglycemia. Dr. Roberts in his medical text says on page 555:

"Despite his longstanding interest in this subject, the author remained baffled by the failure of patients with hypoglycemia to respond - or continue to respond - to diet and other conventional measures in the mid-l980s. Their

000342

cessation of aspartame products often solved this puzzle. Unbeknown to me at the time, several patients with severe hypoglycemia had concluded that aspartame made them ill, and resumed sugar-containing products or took saccharin. When sugar was taken in small amounts, along with adequate protein and fat, most fared well."

Vicious Cycles: "Severe vicious circles involving aspartame may be generated by the consumption of excessive calories, sugar intake, the habitual use of large amounts of aspirin, caffeine, nicotine and alcohol, and various drugs taken to combat headache, fatigue, sweats, tremors and other symptoms. For example, testosterone enhances insulin biosynthesis and secretion, as demonstrated by the hyperinsulinemia encountered in hyperandrogenic syndromes.

"Aspartame reactions are better understood in this context. They represent not only deranged physiology (especially within the brain), but also the impact of hypoglycemia insults inflicted on weight and fashion conscious persons. Of special interest are the severe reduction of carbohydrate and calories, and forced feeding (eating only one meal a day) when coupled with vigorous exercise. Some of the catastrophic consequences include attacks of RAPID HEART ACTION (PAROXYMAL TACHYCARDIA), ANGINA PECTORIS, convulsions, nonthrombotic stroke, multiple sclerosis, various thyroid disorders, and severe personality changes.

"As noted, the brain is almost totally dependent upon an adequate supply of glucose for proper function under ordinary circumstances. When aspartame is substituted for carbohydrate or food in persons having diabetogenic hyperinsulinism, it and other vital organs may be deprived of glucose. They then do what car engines do when running out of fuel .... make warning noises or stop."

000

Page 556: MECHANISMS

I "Reflex Hypoglycemia. Intense sweetness without sugar invites "reflex hypoglycemia" The cephalic phase of insulin release initiated by introducing food or sweet in the mouth is neurally mediated. It "prepares" the body to receive glucose and other nutrients. This occurs before the blood glucose increases. The afferent limb of this reflex involves olfactory, visual, taste and oropharyngeal receptors (Projetto 1987). The vagus nerve mediates its efferent limb.

"Powley and Berthoud (1985) emphasized the critical nature of this cephalic phase because it represents the first rapid physiological response to food. It is influenced by color, appearance, flavor, aroma and texture. This phenomenon also has been demonstrated in rats using water sweetened with saccharin. The insulin response could be correlated with the concentration of saccharin solution.

" A NutraSweet Company scientist noted that the cephalic reflex increased insulin release in mice after tasting aspartame at The First International Meeting on Dietary Phenylalanine and Brain Function (Washington, D.C., May 9, 1987).

II "Aspartame-Induced Insulin Release. Studies by Melchior et al (1991) indicate the impressive rise of both insulin and beta endorphins after aspartame consumption. They administered two chocolate drinks - one sweetened with 50 g sucrose; the other with 80 mg aspartame - to 10 subjects of normal weight who averaged 21.7 years. Plasma beta endorphin concentrations were more elevated after the aspartame drink than after sucrose or fasting, while insulin increased as much after the aspartame drink as with sucrose. The beta endorphin rise after aspartame may represent increased insulin secretion or a direct effect of aspartame on the liberation of beta endorphins."

III "The Insulin-Glucose Effects of Amino Acids. A number of investigators have conclusively shown that insulin secretion is stimulated by certain essential amino acids - both when given individually, and as mixtures. The released insulin then facilitates utilization of amino acids in protein synthesis

000

within cells. Concomitantly, blood glucose and free fatty acid concentrations decline.

"These observations are germane in view of the phenylalanine and aspartic acid components of aspartame.

* Floyd et al (1966) demonstrated that elevated blood levels of insulin are induced in healthy persons following the intravenous administration of phenylalanine, being exceeded only by arginine, lysine, and leucine. Such stimulation did not depend on the presence of leucine or increased blood glucose concentrations. (Leucine-induced hypoglycemia is a well known phenomenon.)

* The marked increase of plasma insulin after ingestion of phenylalanine drinks by healthy men is further elevated when the amino acid is ingested with carbohydrates (van Loon 2000).

* Phenylalanine and arginine have a synergistic effect on insulin secretion when given to humans (Floyd 1970). This is not a reflection of increased blood glucose or glucagon concentrations.

* Schmid et al (1989) demonstrated a 3.6-fold greater insulin response among obese subjects given an infusion of amino acids (including phenylalanine and aspartic acid) than lean subjects.

* A dramatic rise of circulating insulin and growth hormone concentrations occurs both in pre-term infants given an infusion of essential amino acids, and in adults (Reitano 1978).

* Phenylalanine and its analogs influence the binding and activation of glucose-dependent insulinotropic polypeptide (GIP) receptors (Yip 1999). GIP is ot only an important regulator of insulin release, but also increases insulin receptor binding affinity and the effect of insulin on target tissues."

IV "Methanol. ... Even in small amounts, it may exaggerate hypoglycemia by delaying the release of epinephrine as a protective counter regulatory mechanism, as has been shown with

000345

non-intoxicating doses of ethanol (Sood 2001)."

There are many more pages in this medical text having to do with aspartame and hypoglycemia and a chapter on diabetes as well as one on drug interaction.

So who is responsible here? The vice-chairman of the study's steering committee is the president of medicine and science at the American Diabetes Association, The ADA emphatically knows aspartame is an addictive excitoneurotoxic carcinogenic drug that interacts with drugs, can precipitate diabetes, simulating and aggravating diabetic retinopathy and neuropathy, destroying the optic nerve and interacting with insulin. Not only have doctors like Dr. Roberts written them for years but in 2004 Racketeering charges were filed against them for pushing this chemical poison on diabetics. They did get out of the suit, but instead of wanting to help diabetics they continue to push the manufacturers propaganda. I answered one of their letters last on January 20, 2008: http://www.mpwhi.com/answer_to__the_ada.htm

Under Title 18, Section 1001 its a crime to stumble the public with full knowledge. But to the ADA and other professional organizations accepting funding from industry its more important to get the green back dollar than protecting the health of diabetics. Dr. Roberts was a member of the ADA for 35 years and no amount of information would get them to protect diabetics that they sacrificed in order to continue funding. The diabetic is already compromised so to push a poison simply damages them more. The free methyl alcohol causes them to lose limbs.

There is certainly a safe product for them to take like "Just Like Sugar" which is sold in Whole Foods, Wild Oats and such which is made from chicory and orange peel. Chicory has been used for 70 years to improve the health of diabetics.

000346

Then you have the FDA who have given their loyalty to the manufacturer, the front groups like Calorie Control Council and such, so the physician who has to treat the diabetic as well as the patient never gets the truth. It appears most of these patients died from heart attacks. Just recently a new study came out by Dr. Lyn Steffen linking diet soda with heart disease and diabetes. http://www.rense.com/general80 /meat.htm Below this article I typed in Dr. Roberts paper on cardiac problems attributed to aspartame including sudden death. In July, 2007 Boston University did a similar study linking diet soda to heart problems and diabetes.

Neurosurgeon Russell Blaylock, M.D. wrote Excitotoxins: The Taste That Kills, www.russellblaylockmd.com He also discusses aspartame and its many problems, and effect on the brain. Over a decade ago he wrote me and said, "The more we learn about these substances the more frightening the picture becomes. What really concerns me about aspartame is its association with brain tumors as well as pancreatic, uterine and ovarian tumors. Also, the fact that so many develop an Alzheimer's - like syndrome with prolonged exposure." In his CD, The Truth About Aspartame, he discusses at length the Ramazzini Study which shows aspartame is a multipotential carcinogen which the FDA knew over 25 years ago.

Aspartame is a killer, and there is not one single reason not to ban it. The FDA was asked after the Ramazzini Study why they had not banned it. Their reply was the economics to the manufacturers. The manufacturers knew it was poison. In their secret trade information submitted during congressional hearings they said they had to consider almost complete conversion to DKP (a brain tumor agent) and if they told the FDA they wouldn't approve it. Yet the FDA who has given its loyalty to the manufacturers and betrayed the public trust have no concern for the consumer as long as the company keeps making money.

000347

Listen to Lane Shore's interview on how aspartame is killing his diabetic wife piece by

piece:
http://www.mpwhi.com/lane_shore_all_jacked_up.htm
If you wondering how it got approved when the FDA
revoked the petition for approval see the
aspartame documentary, Sweet Misery: A Poisoned World, www.soundandfury.tv

When those responsible to solve the problem ARE the problem its an abomination. The House Committee on Health should give this bill a "due pass" and save the people of Hawaii. After taking the case histories for 17 years the only use I know of for aspartame is as a killer of rats and fire ants. Page Kaiser of Augusta, Georgia some years ago did tell me the NutraSweet people were using their toxic waste to spray on crops to kill bugs. Even the prestigious Ecologists who did a 17 page cover story on aspartame started out with "Once upon a time there was a biochemical warfare weapon."
http://www.mpwhi.com/ecologist_september_2005.pdf
All they have to do is change the label and add a skull and crossbones. It should say: Genocide: Keep out of reach of humans.

Dr. Betty Martini, D.Hum, Founder
Mission Possible International (warning the world off aspartame)
9270 River Club Parkway
Duluth, Georgia 30097
770 242-2599
www.mpwhi.com, www.dorway.com and www.wnho.net
Aspartame Toxicity Center, www.holisticmed.com/aspartame

<http://www.nytimes.com/>
The New York Times

February 7, 2008

000348

Diabetes Study Partially Halted After Deaths

By
<http://topics.nytimes.com/top/reference/timestopics/people/k/gina_kolata/index.html?inline=nyt-per>GINA
KOLATA

For decades, researchers believed that if people
with
<http://health.nytimes.com /health/guides/disease/diabete s/overview.html?inline=nyt
-classifier>diabetes
lowered their blood sugar to normal levels, they
would no longer be at high risk of dying from
heart disease. But a major federal study of more
than 10,000 middle-aged and older people with
<http://health.nytimes.com /health/guides/disease/type-2 -diabetes/overview.html?inline
=nyt-classifier>Type
2 diabetes has found that lowering blood sugar
actually increased their risk of death, researchers reported Wednesday.

The researchers announced that they were abruptly
halting that part of the study, whose surprising
results call into question how the disease, which
affects 21 million Americans, should be managed.

The study's investigators emphasized that
patients should still consult with their doctors
before considering changing their medications.

Among the study participants who were randomly
assigned to get their
<http://health.nytimes.com /health/guides/test/glucose -test/overview.html?inline=nyt
-classifier>blood
sugar levels to nearly normal, there were 54 more
deaths than in the group whose levels were less
rigidly controlled. The patients were in the
study for an average of four years when
investigators called a halt to the intensive
blood sugar lowering and put all of them on the less intense regimen.

The results do not mean blood sugar is
meaningless. Lowered blood sugar can protect
against kidney disease,
<http://health.nytimes.com /health/guides/symptoms /blindness/overview.html
?inline=nyt-classifier>blindness
and amputations, but the findings inject an
element of uncertainty into what has been dogma
that the lower the blood sugar the better and
that lowering blood sugar levels to normal saves lives.

000349

Medical experts were stunned.

"It's confusing and disturbing that this happened," said Dr. James Dove, president of the American College of Cardiology. "For 50 years, we've talked about getting blood sugar very low. Everything in the literature would suggest this is the right thing to do," he added.

Dr. Irl Hirsch, a diabetes researcher at the <http://topics.nytimes.com/top /reference/timestopics/organizations/u/university_of_washing ton/index.html?inline=nyt-org >University of Washington, said the study's results would be hard to explain to some patients who have spent years and made an enormous effort, through <http://health.nytimes.com /health/guides/specialtopic /food-guide-pyramid/overview .html?inline=nyt-classifier >diet and medication, getting and keeping their blood sugar down. They will not want to relax their vigilance, he said.

"It will be similar to what many women felt when they heard the news about <http://topics.nytimes.com/top /news/health/diseasescondition sandhealthtopics/estrogen /index.html?inline=nyt-classif ier>estrogen," Dr. Hirsch said. "Telling these patients to get their blood sugar up will be very difficult."

Dr. Hirsch added that organizations like the American Diabetes Association would be in a quandary. Its guidelines call for blood sugar targets as close to normal as possible.

And some insurance companies pay doctors extra if their diabetic patients get their levels very low.

The low-blood-sugar hypothesis was so entrenched that when the National Heart, Lung and Blood Institute and the National Institute of Diabetes and Digestive and Kidney Diseases proposed the study in the 1990s, they explained that it would be ethical. Even though most people assumed that lower blood sugar was better, no one had rigorously tested the idea. So the study would ask if very <http://health.nytimes.com /health/guides/disease/hypoglycemia/overview.html?inline=nyt -classifier>low blood sugar levels in people with Type 2 diabetes the form that affects 95 percent of people with

000350

the disease would protect against heart disease and save lives.

Some said that the study, even if ethical, would be impossible. They doubted that participants whose average age was 62, who had had diabetes for about 10 years, who had higher than average blood sugar levels, and who also had heart disease or had other conditions, like <http://health.nytimes.com /health/guides/disease/hyperte nsion/overview.html?inline=nyt -classifier>high blood pressure and high <http://health.nytimes.com /health/guides/nutrition /cholesterol/overview.html ?inline=nyt-classifier>cholesterol, that placed them at additional risk of heart disease would ever achieve such low blood sugar levels.

Study patients were randomly assigned to one of three types of treatments: one comparing intensity of blood sugar control; another comparing intensity of cholesterol control; and the third comparing intensity of <http://health.nytimes.com /health/guides/test/blood -pressure/overview.html?inline =nyt-classifier>blood pressure control. The cholesterol and blood pressure parts of the study are continuing.

Dr. John Buse, the vice-chairman of the study's steering committee and the president of medicine and science at the American Diabetes Association, described what was required to get blood sugar levels low, as measured by a protein, <http://health.nytimes.com /health/guides/test/hemoglobin /overview.html?inline=nyt -classifier>hemoglobin <http://health.nytimes.com /health/guides/test/hba1c /overview.html?inline=nyt -classifier>A1C, which was supposed to be at 6 percent or less.

"Many were taking four or five shots of insulin a day," he said. "Some were using insulin pumps. Some were monitoring their blood sugar seven or eight times a day."

They also took pills to lower their blood sugar, in addition to the pills they took for other medical conditions and to lower their blood pressure and cholesterol. They also came to a medical clinic every two months and had frequent

000351

telephone conversations with clinic staff.

Those assigned to the less stringent blood sugar control, an A1C level of 7.0 to 7.9 percent, had an easier time of it. They measured their blood sugar once or twice a day, went to the clinic every four months and took fewer drugs or lower doses.

So it was quite a surprise when the patients who had worked so hard to get their blood sugar low had a significantly higher death rate, the study investigators said.

The researchers asked whether there were any drugs or drug combinations that might have been to blame. They found none, said Dr. Denise G. Simons-Morton, a project officer for the study at the National Heart, Lung and Blood Institute. Even the drug <http://topics.nytimes.com/top /news/health/diseasescondition sandhealthtopics/avandiadrug /index.htm?inline=nyt-classifi er>Avandia, suspected of increasing the risk of heart attacks in diabetes, did not appear to contribute to the increased death rate.

Nor was there an unusual cause of death in the intensively treated group, Dr. Simons-Morton said. Most of the deaths in both groups were from heart attacks, she added.

For now, the reasons for the higher death rate are up for speculation. Clearly, people without diabetes are different from people who have diabetes and get their blood sugar low.

It might be that patients suffered unintended consequences from taking so many drugs, which might interact in unexpected ways, said Dr. Steven E. Nissen, chairman of the department of cardiovascular medicine at the Cleveland Clinic.

Or it may be that participants reduced their blood sugar too fast, Dr. Hirsch said. Years ago, researchers discovered that lowering blood sugar very quickly in diabetes could actually worsen blood vessel disease in the eyes, he said. But reducing levels more slowly protected those blood vessels.

000352

And there are troubling questions about what the study means for people who are younger and who do not have cardiovascular disease. Should they forgo the low blood sugar targets?

No one knows.

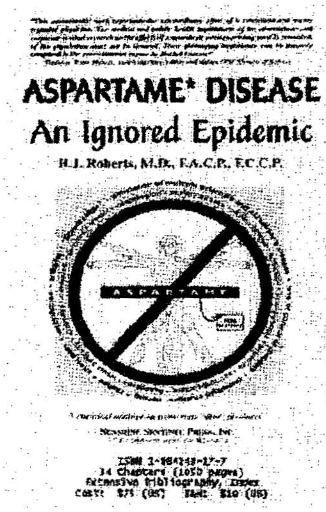
Other medical experts say that they will be discussing and debating the results for some time.

"It is a great study and very well run," Dr. Dove said. "And it certainly had the right principles behind it."

But maybe, he said, "there may be some scientific principles that don't hold water in a diabetic population."

SUNSHINE SENTINEL PRESS

Aspartame Disease: An Ignored Epidemic



BOOK
(ISBN 1-884243-17-7)
1038 pages
$49.50 plus $10.00 for shipping & handling

AUDIO TAPES
(ISBN 0-884243-20-7)
3-Cassette Set
$27.95 plus $5.00 for shipping & handling

Aspartame Disease: An Ignored Epidemic is a definitive book (1038 pages) on reactions to aspartame, currently being used by more than two-thirds of the population as an additive/sweetener. Dr. Roberts is widely regarded as **the** expert on a host of adverse effects from popular products containing this synthetic chemical because of his many original observations and extensive research spanning two decades.

Physicians, other health care professionals, the media, consumer groups, and aspartame "victims" or their relatives have inundated Dr. Roberts with requests for a detailed analysis of this unique experience. They recognize that his dedication was not restrained by governmental or institutional policies and corporate grants...a remarkable achievement in contemporary medical and biological research.

The need for this volume is underscored by the virtual denial of aspartame disease (so named by Dr. Roberts) from the medical profession and the Food and Drug Administration (FDA). It meets the Koch-like criteria for a specific disease. Moreover, it has reached epidemic proportions - probably in the millions. The author presents information on the first 1200 aspartame reactors in his database.

000354

Every physician probably encounters aspartame disease in practice, especially among patients with illnesses that are undiagnosed or difficult to treat. This applies to ALL fields of medicine and public health. It is apparent from a partial list of reactions: headache; dizziness; depression;

convulsions; impaired vision; the aggravation of diabetes mellitus and its complications; hypoglycemia; multiple allergies (including dual sensitivity to MSG); aspartame addiction; chronic fatigue; eating disorders; pediatric problems. The numerous misdiagnoses include arthritis, lupus, multiple sclerosis and Alzheimer's disease.

For Aspartame Disease: An Ignored Epidemic:

The Woman's Health Letter concluded its 2-page review (November 2002):
"I recommend you read Aspartame Disease:An Ignored Epidemic. Your library may not have this huge book, but it should."

◁ Previous Book	ORDER THIS BOOK	Next Book ▷

000355

SUNSHINE SENTINEL PRESS

- CONTACT
- ORDER
- BOOKS/TAPES

BITTERSWEET VIGNETTES ABOUT ASPARTAME (NUTRASWEET®)*

BOOK
(ISBN 0-9633260-1-5)
300 pages, 40 cartoons
$19.95 plus $5.00 for shipping & handling

*A registered trademark of The Nutrasweet Company

Aspartame Disease, so designated by H. J. Roberts, M.D., has become a major medical and public health problem. More than 80 percent of complaints about foods and additives previously received by the *FDA* over a decade ago, involved aspartame-sweetened products (*FDA Consumer*, October 1988). Thousands of outraged consumers have volunteered information about their severe reactions (including convulsions) to this agency, which still chooses to label them as "only anecdotal." The author's database now exceeds 1,300 aspartame victims.

Frequent complaints attributed to this "most tested additive in history" are **severe** *headaches, confusion, memory loss, impaired vision or blindness, insomnia, behavioral changes, depression, dizziness, nausea, abdominal pain, bloody diarrhea, rashes, and even weight gain!* Patients with hypoglycemia ("low blood sugar attacks") and diabetes are often adversely affected by using these "diet" products to avoid sugar.

In SWEET'NER DEAREST, this foremost "aspartamologist" describes aspartame disease with a minimum of medicalese coupled with scores of instructive case reports and many humorous cartoons.

000356

Beatrice Trum Hunter (*The Sugar Trap & How To Avoid It*) commented: "With wit, charm and obvious medical expertise, Dr. Roberts informs and cautions the general public through these 'bittersweet vignettes.'"

◁ Previous Book	ORDER THIS BOOK	Next Book ▷

Design, Hosting & SEO

000357

SUNSHINE SENTINEL PRESS

- CONTACT
- ORDER
- BOOKS/TAPES

BOOK
(ISBN 1-884243-10-X)
$12.00 plus $4.00 for shipping

BREAST IMPLANTS OR ASPARTAME (NUTRASWEET®) DISEASE?

THE SUPPRESSED OPINION ABOUT A PERCEIVED MEDICOLEGAL TRAVESTY

Massive litigation involving the safety of silicone has resulted in enormous punitive damages and the bankruptcy of a major corporation.

Yet, this issue remains a medicolegal quagmire . An independent court-appointed scientific panel and the Institute of Medicine of the National Academy of Sciences could NOT find convincing proof implicating such implants as the cause of systemic (not local) complaints by these women.

000358

H. J. Roberts, M.D. provides a plausible "missing link" He emphasizes the striking overlap of systemic complaints among breast implant patients and persons with documented reactions to products containing aspartame in his data base of *over 1,200 aspartame reactors...mostly women. These products are being consumed in prodigious amounts by 70 percent of the population, especially weight - and figure - conscious women.*

This courageous expose by a corporate-neutral physician/citizen could not find a forum in conventional medical journals. It represents a partial answer to the question of Dr. Marcia Angell (Editor, New England Journal of Medicine): "Why has the hypothesis that breast implants cause these diseases been so readily accepted with so little evidence to support it?"

◁ Previous Book	ORDER THIS BOOK	Next Book ▷

000359

bettym19@mindspring.com, Testimonies for House Health Commit

To: bettym19@mindspring.com
From: "Dr. Betty Martini,D.Hum." <bettym19@mindspring.com>
Subject: Testimonies for House Health Committee HB2680 - circulate to all committee members
Cc:
Bcc:
Attached:

The faxed report for school contains letters from the world aspartame experts and even includes Feingold, the ADD people who banned aspartame from their diet. They explain how aspartame destroys the brains of the unborn and children. Likewise it destroys the brains of adults. This should answer your questions that there is no use for aspartame except as a rat killer. Pushed on diabetics it actually precipitates diabetes, simulates and aggravates diabetic retinopathy and neuropathy, destroys the optic nerve and interacts with insulin. It causes diabetics to go into convulsions and the methanol or wood alcohol causes them to lose their limbs. You will see Dr. Cabot's letter on how aspartame makes you fat. A new study a couple of days ago revealed artificial sweeteners make you fat. Aspartame has triggered an epidemic of diabetes and obesity. Further a study had be halted on diabetics because the part where they were lowering blood sugar became deadly. Some of them died of heart problems and two new studies link aspartame with heart disease which is in the medical text by Dr. Roberts which should have been delivered two day priority to Dr. Green yesterday or today.

Dr. Betty Martini, D.Hum, Founder
Mission Possible International (warning the world off aspartame - operations in 38 nations)
9270 River Club Parkway

000360

Duluth, Georgia 30097
770 242-2599
www.mpwhi.com, www.dorway.com, www.wnho.net
Aspartame Toxicity Center, www.holisticmed.com/aspartame

000361

REPORT FOR SCHOOLS, OB-GYN AND PEDIATRICIANS ON CHILDREN AND ASPARTAME/MSG

REPORT ON ASPARTAME AND CHILDREN

Prepared By Mission Possible
Dr. Betty Martini
9270 River Club Parkway
Duluth, Georgia 30097
Telephone: **770-242-2599**
E-Mail: BettyM19@mindspring.com

Posted: 04 August 2006

A compilation of observations among physicians, researchers and laypeople who have demonstrated the link between aspartame consumption and the cascade of adverse neurodevelopmental and physiological complications occurring epidemically among children and; foundational science and observations regarding the link of adverse neurodevelopmental and physical complications of monosodium glutamate consumption.

This report has been prepared especially for parents, physicians, teachers, school administrators and lawmakers so they may understand the short and long-term dangers of aspartame consumption and the importance of removing from school cafeterias, vending machines and student stores food products that contain aspartame.

Contributors:
The Feingold Association
Mission Possible Founder Betty Martini
Barbara Metzler
Jack Samuels

Medical Consultants:
Russell Blaylock, MD
Sandra Cabot, MD
Joseph Mercola, MD
H.J. Roberts, MD
John Olney, MD
Ralph Walton, MD

000362

Report on Aspartame and Children

foods. Its approval was based on these studies. Yet, even before these studies were being presented to the FDA, the pharmaceutical giant was under investigation for improprieties associated with several of its other drugs.

No basis for reliance

During this investigation, Dr. Adrian Gross was placed in charge of examining these studies and Jerome Bressler was assigned to examine three of the studies. This investigation included a through examination of the pathology laboratory used in the tests, interviews with the scientists and technicians involved and a careful analytic review of the studies themselves.

In a letter to Senator Howard Metzenbaum, Dr. Gross discussed many of their findings in this investigation. He pointed out that at the heart of the regulatory process was the ability of the FDA to "rely upon the integrity of the basic safety data submitted" to the FDA. Further, he says, "Our investigation clearly demonstrates that, in the case of G.D. Searle Company, we have no basis for such reliance now."

He then pinpoints why he had reached this conclusion, when he states:

> "Through our efforts, we have uncovered serious deficiencies in Searle's operations and practices which undermine the basis for reliance on Searle's integrity in conducting high quality animal research to accurately determine or characterize the toxic potential of its products."

Who cares about the unborn?

Dr. Gross expressed his disdain at the way teratology experiments were conducted. These are critical tests with any new drug because it determines possible dangers to unborn children when their mothers are exposed to the product during pregnancy. He found that technicians responsible for the tests had no formal training in teratology or toxicology. In fact, they were given some books by the company and trained themselves for three months.

Unlawful carcinogenicity

Of most concern was the way the carcinogenicity tests were conducted. These are tests to see if the product could cause cancer. According to the law, any product intended as a food product cannot have demonstrated cancer-causing ability at a dose 100 times that which is commonly consumed.

Even though the tests were poorly conducted they did demonstrate that aspartame was associated with a dramatic, dose-dependent, increase in a variety of brain tumors-mainly astrocytomas-the type commonly seen in humans. This means that the higher the dose of aspartame the more tumors that were found.

The most appalling findings were by Dr. Bressler's investigation group. They found that in several instances malignant tumors were classified as benign and that in others, tumors were removed from rats and tissue slides and reported as normal.

000363

Neurotoxic ingredients

Dr. John Olney, a neuropathologist and neuroscientist, pointed out to FDA investigators that aspartame contained at least two distinct components that could harm the brain-diketopiperizine and aspartic acid. The former is a suspected carcinogen and the latter an excitatory amino acid. As a world expert on excitotoxicity, a process where amino acids such as aspartic acid and glutamic acid causes brain cells to be excited to death, he understood the real danger to babies and small children. His laboratory studies had

By Ralph G. Walton, M.D.

Although undoubtedly well intentioned, any attempt to replace sugared beverages with aspartame containing diet products will, in my opinion, have a devastating impact on the health of our children and adolescents. The alarming increase in obesity, type II diabetes, and a wide variety of behavioral difficulties in our children is obviously attributable to multiple factors, but I am convinced that one powerful force in accentuating these problems is the ever increasing use of aspartame.

Aspartame is a multipotential toxin and carcinogen. The dipeptide component of the molecule can alter brain chemistry, significantly changing the ratio of catecholamines to indolamines, with resultant lowering of seizure threshold, production of carbohydrate craving and in vulnerable individuals leading to panic, depressive and cognitive symptoms.

The methyl ester component of aspartame is metabolized to methanol, which in turn is broken down into formic acid and formaldehyde. Methanol can lead to serious eye problems, formic acid and formaldehyde are potent carcinogens. The diet food industry and the F.D.A. are fond of saying that aspartame is "the most studied product in history" with an outstanding safety record. In fact however virtually all of the studies in the medical literature attesting to its safety were funded by the industry, whereas independently funded studies, now numbering close to 100, identify one or more problems. It would be especially tragic if an attempt to improve the health of our children led to even greater exposure to this highly toxic product. Thank you for your attention to this urgent public health issue.

Ralph G. Walton, M.D.
Medical Director, Safe Harbor Behavioral Health
Professor of Clinical Psychiatry, Northeastern Ohio Universities College of Medicine
Adjunct Professor Of Psychiatry, Lake Erie College of Osteopathic Medicine
Dr. Walton's study on aspartame: "Adverse Reactions to Aspartame: Double-Blind Challenge in Patients from a Vulnerable Population: http://www.mindfully.org/Health/Aspartame-Adverse-Reactions-1993.htm
Dr. Walton's research on Scientific Peer Reviewed Studies and Funding:
http://www.dorway.com/doctors.html#walton

The Dangers of Aspartame

Russell Blaylock, MD, is arguably the world's foremost authority on the biochemistry of aspartame and its effect on brain function. Dr. Blaylock classifies aspartame alongside monosodium glutamate as an "excitotoxin"-substances that overstimulate brain cells causing cascades of neurological complications. His book, "Excitotoxins: The Taste that Kills," is considered by many to be a definitive work in the field of excitotoxicity.

By Russell Blaylock, MD

In 1965, a researcher at G.D. Searle pharmaceutical company inadvertently discovered the artificial sweetener aspartame while working on an anti-ulcer medication. It was discovered that the sweetener was about 150 times sweeter than an equal amount of sugar. Over the next decade, the research staff at the G.D. Searle Company conducted a series of studies in an effort to get the product approved by the FDA.

000364

Over all this consisted of about 11 different studies. In 1974 aspartame was approved for use only in dry demonstrated that high dose aspartame could cause the very same brain injury as other excitotoxins.

The 1974 approval was withdrawn and after the results of these investigations were reviewed privately, aspartame was given approval once again in 1981. Ironically, it was approved using the very same studies that resulted in it being banned as too dangerous for human consumption in 1975.

Aspartame and brain tumors

In 1981, Arthur Hull Hayes was appointed commissioner of the FDA and in 1983 he approved aspartame for use in beverages. Three months later her left the FDA and accepted a position as the Senior Medical Advisor to Searle's PR firm of Burson-Marstellar.

Despite the objections of Dr. Olney and other neuroscientists and pathologists, the product was given approval, essentially for all foods and beverages.

In 1992, Dr. Olney published a study that suggested that the significant rise in human brain tumors was related to the widespread use of aspartame, since it began after the approval of aspartame in foods and beverages. In Searle's original study Dr. Olney found that there was a 47-fold increase in brain tumors in the rats exposed to high dose aspartame. Even Searle's figures showed a 25-fold increase in brain tumors.

Using existing data, Dr. Olney and his co-authors found a 65-percent increase in brain tumors in humans since aspartame was approved by the FDA. Dr. H.J. Roberts also reported a similar rise in a rare form of brain cancer associated with aspartame use.

Brain tumors in lab rats-and people

And a recent study by one of Europe's most prestigious oncology groups (a million dollar study) found a non-statistically significant increase in brain tumors in 1,800 rats tested using aspartame. The control animals, which received no aspartame, developed no brain tumors, whereas the aspartame exposed animals developed 10 malignant gliomas, 1 medulloblastoma and 1 malignant meningioma. I have had contact with a number of young women who have developed brain tumors (astrocytomas) following heavy use of aspartame products. When we combined the experimental studies with the clinical data it is obvious that aspartame is strongly linked to brain tumors and most likely lymphomas and leukemias.

Of great concern is the study by Trocho and his co-workers from the University of Barcelona, which found that aspartame was absorbed and then broken down into its component parts, including methanol and the methanol was further broken down into formic acid and formaldehyde. Using sophisticated radioactive labeling techniques he proved that the formaldehyde from the aspartame attached itself to the DNA, RNA and proteins of cells and that it was very difficult to removed. Further, they showed that the formaldehyde caused breaks in the DNA.

This has major implications in humans, since DNA damage, as was seen in their study, causes a multitude of cancers in humans as well as worsening of autoimmune diseases, diabetes and neurodegenerative diseases such as Alzheimer's dementia, Parkinson's and ALS. It also causes concern because DNA breaks in the DNA in sperm and ova can cause increased cancer risk and developmental problems in the offspring of mothers and fathers consuming aspartame products.

In the Bressler examination of the Searle tumor study they found that the female animals exposed to aspartame had a very high incidence of uterine polyps, which were rare in rats not exposed. In fact, at even moderate doses, there was a 15-fold increase in uterine polyps. In addition, they found several ovarian tumors, breast fibroadenomas, several pituitary adenomas, several lymphomas and pancreatic

000365

tumors.

Contemporary confirmation

The new million-dollar study by Dr. Morando Soffritti and co-workers found a dramatic increase in malignant lymphomas and leukemias in female rats consuming even low doses of aspartame-doses known to be consumed by millions of children, pregnant women and others. Their carefully done study concluded that most likely it was the formaldehyde breakdown product from the aspartame that was causing the cancers, which confirms what Trocho and co-workers had found earlier. Formaldehyde is known to be a powerful toxin and carcinogen, even in low concentrations.

WARNING for pregnant women

Of great concern was the finding by Trocho, that formaldehyde tends to accumulate in the DNA and is difficult to remove. This means that drinking even a single diet cola sweetened with aspartame can eventually produce significant DNA damage to raise one's risk of cancer and other diseases. Today, over 5,000 products contain aspartame. It is also important to appreciate that we are exposed to a number of toxic and carcinogenic chemicals, which can add to aspartame's toxicity.

There are sufficient studies on the effect of aspartame on the developing fetus to draw serious concern about the safety of this product. For example, it has been shown that aspartame in the dose accepted as safe by the FDA (50 mg/kg/day) can produce phenylalanine levels in a large number of women and their babies during pregnancy-large enough to produce abnormal development of the baby's brain. This is because phenylalanine interferes with the normal migration and connections of the developing brain. In my estimation, pregnant women should never consume foods containing aspartame at any level, for the reasons I have discussed. The aspartic acid, phenylalanine and methanol are all known to produce abnormal development of a baby's brain.

Revealing side study

There is also evidence from the studies done by Dr. Ralph Walton, indicating that depressed people are especially sensitive to the toxic effects of aspartame and that this is especially true of those with suicidal tendencies. In a separate study he has shown that virtually all of the independently conducted studies done on aspartame safety have found problems with the product, yet not a single study funded by the makers of aspartame (now Monsanto) reported even minor problems.

This is especially puzzling when you consider that among all the food-related complained registered by the FDA, 75 percent to 85 percent are related to aspartame. This alone should tell us there is a problem.

There are sufficient independent studies to show that aspartame is a dangerous product and that it should have never been given approval. In fact, it was approved using the same shoddy studies alluded to by Dr. Adrian Gross in his letter to Senator Howard Metzenbaum.

References

1. Letter to Senator Howard Metzenbaum from Dr. Adrian Gross, dated October 30, 1987.
2. Jerome Bressler, The Bressler Report, 4/25/77 to 8/4/77
3. Olney JW. Excitotoxins in foods. Neurotoxicology 1994;15:535-544.
4. Olney JW, et al. Brain damage in mice from voluntary ingestion of glutamate and aspartate. Neurobehavoral Toxicolology 1980; 2: 125-129.
5. Reynolds WA. Et al. Hypothalamic morphology following ingestion of aspartame or MSG in the

000366

neonatal rodent and primate: a preliminary report. Environmental Health 1976;2: 471-480.
6. Brunner RL, et al. Aspartame: assessment of developmental psychotoxicity of a new artificial sweetener Neurobehavioral Toxicology 1979;1: 79-86.
7. Wurtman RJ. Aspartame: possible effect on seizure susceptibility. Lancet 1985;9
8. Maher TJ, et al. Possible neurologic effects of aspartame, a widely used food additive. Environmental Health Perspectives. 1987;75: 53-57.
9. Walton RG, The possible role of aspartame in seizure induction. In, Wurtman RJ, Ritter-Walker E. (eds); Dietary Phenylalanine and Brain Function. Birkhauser, Boston, 1988, pp 159-162.
10. Changes in physiological concentrations of blood phenylalanine produce changes in sensitive parameters of human brain function. In, Wurtman RJ, Ritter-Walker E. (eds); Dietary Phenylalanine and Brain Function. Birkhauser, Boston, 1988, pp187-195.
11. Christian B, et al. Chronic aspartame affects T-maze performance, brain cholinergic receptors and Na+, K+-ATPase in rats. Pharmacology Biochemistry and Behavior 2004;78:121-127.
12. Nakao H, et al. Formaldehyde-induced shrinkage of rat thymocytes. Journal of Pharmacological Science 2003; 91: 83-86.
13. H.J. Roberts. Does aspartame cause human brain cancer? Journal of Advancement in Medicine 1991; 4: 231-240.
14. Trocho C, et al. Formaldehyde derived from dietary aspartame binds to tissue components in vivo. Life Sciences 1998;63:337-349.
15. Scoffritti M, et al. Aspartame induces lymphomas and leukemias in rats. European Journal of Oncology 2005; 10: (in press)
16. Sabelli HC and Javaid JI. Phenylaethylamine modulation of affect: therapeudic and diagnostic implications. Journal of Neuropsychiatry 1995; 7: 6-14.
17. Scharma RP, et al. cerebrospinal fluid levels of phenylacetic acid in mental illness: behavioral associations and response to neuroleptic treatment. Acta Psychiatr Scand 1995; 91: 293-298.
18. Robain O, et al. Experimental phenylketonuria: effect of phenylacetate intoxication on number of synapses in cerebellar cortex of rats. Acta Neuropathol (Berl) 1983; 61: 313-315.
19. Matalon R, et al. Aspartame consumption in normal individuals and carriers of phenylketonuria. In, Wurtman RJ, Ritter-Walker E. (eds); Dietary Phenylalanine and Brain Function. Birkhauser, Boston, 1988, pp41-52.
20. Monte WC. Aspartame: methanol and public health. Journal of Applied Nutrition 1984; 36: 52.
21. Walton RG, et al. Adverse reactions to aspartame: double-blind challenge in patients from a vulnerable population. Biological Psychiatry 1993; 34: 13-17.
22. Olney JW, Farber NB, Spitznagel E, Robins LN. Increasing brain tumor rates: is there a link to aspartame? J Neuropathology Experimental Neurology. 1996;55:1115-23.

Russell L. Blaylock, M.D., Neurosurgeon (retired)
Visiting Professor of Biology Belhaven College, Jackson, Mississippi

He can be seen in the aspartame documentary, *Sweet Misery: A Poisoned World*, http://www.amazon.com or Barnes & Noble. He has a monthly newsleletter: The Blaylock Wellness Report: http://www.blaylockreport.com

On autism: http://www.dorway.com/blayautism.txt
On brain problems: http://www.dorway.com/blayart1.txt
Excitotoxins, Neurodegeneration and Neurodevelopment: http://www.dorway.com/blayenn.html
Miami Herald Letter, Exposing Calorie Control Council, front group: http://www.wnho.net/mh_aspartame_letter.htm

Media contacts through Dr. Betty Martini, D.Hum., Founder, Mission Possible Intl, 9270 River Club Parkway, Duluth, Georgia (770) 242-2599 BettyM19@mindspring.com

000367

http:// www.dorway.com, Aspartame Information List, http://www.wnho.net

Aspartame products: Potentially dangerous to infants, children and future generations

"The chemicals we ingest may affect more than our own health. They affect the health and vitality of future generations. The danger is that many of these chemicals may not harm us but will do silent violence to our children."
~Senator Abraham Ribicoff (1971)

By H. J. Roberts, M.D., FACP, FCCP

I have studied the numerous adverse effects of products containing the chemical aspartame for a quarter century as a corporate-neutral physician (board-certified internist; member of the Endocrine Society and American Academy of Neurology). I encompassed these adverse effects as "aspartame disease" in my large text, "Aspartame Disease: An Ignored Epidemic" published in 2001.

The prime motive for this ongoing effort to remove aspartame from products available in commerce is the enormous toll in illness, disability and death attributable to aspartame disease...and failure of the medical profession and many governmental and other public health agencies to concern themselves with this ignored epidemic. The fact that over two-thirds of adults in our society consume aspartame products, and approximately 40 percent of children, often in prodigious amounts, provides perspective.

Perhaps the most grievous aspect pertains to the damage that these products can induce in infants and children. Moreover, aspartame could affect subsequent generations borne to mothers who were misled about the safety of this and related chemicals. Indeed, some who regard the widespread promotion of aspartame products to these groups as "crimes against humanity" have urged the banning of aspartame products for their imminent threat to human health.

A case in point is the full page ad that appeared in *Functional Foods & Nutraceuticals* magazine (November 2004) titled, "Remember your first taste of Aspartame?" depicting an infant feeding at its mother's breast (see page 15). It noted that the chief ingredients of aspartame are two building blocks of protein "...just like those founds in eggs, fruit cheese or fish - and even in mothers' milk."

In my January, 2005 objection to the U.S. Federal Trade Commission about such perceived deceptive advertising in "a material respect," I listed the following reasons:

(1) omission of other major components of aspartame, especially the 10 percent free methyl alcohol (methanol)
(2) the profound adverse effects of the large amounts of its "two building blocks of protein" on neurotransmitters and other important systems, and
(3) the absence of any references to the terrible reactions induced by aspartame products in numerous infants and children."

Aspartame disease in infants and children

The manifestations of aspartame disease in young children include severe headache, convulsions, 000368
unexplained vision loss, rashes, asthma, gastrointestinal problems, obesity, marked weight loss,

hypoglycemia, diabetes, addiction (probably largely due to the methyl alcohol), hyperthyroidism, and a host of neuropsychiatric features. The latter include extreme fatigue, irritability, hyperactivity, depression, antisocial behavior (including suicide), poor school performance, the deterioration of intelligence and brain tumors.

Each of these disorders and the underlying mechanisms is detailed in my books, especially *Aspartame Disease: An Ignored Epidemic*. They tend to be magnified in patients with unrecognized hypothyroidism (underactive thyroid), hypoglycemia (low blood sugar reactions), diabetes and phenylketonuria (PKU). Persons with PKU lack the enzyme needed for handling phenylalanine, one of the amino acids (It's dramatic increase in the body can cause severe neurological and other damage if aspartame abstinence and other dietary precautions are not instituted).

It is my further opinion that exposure to aspartame products and other neurotoxins may initiate or aggravate changes in the nervous system that result in multiple sclerosis, Parkinson's and Alzheimer's diseases. The latter issue is detailed in my book, "*Defense Against Alzheimer's Disease.*"

Pregnant women and nursing mothers

I continue to urge ALL pregnant women and mothers who breast-feed to avoid aspartame products...advice that many of my obstetric colleagues have adopted.

This precaution has been dramatically demonstrated as valid by the occurrence of convulsions in suckling infants as the mother drank an aspartame soda. The scientific grounds for the foregoing continue to increase. They include:

- exposure of the fetus to considerable phenylalanine and methanol
- maternal malnutrition associated with nausea, vomiting, diarrhea and a reduction of calories
- transmission of aspartame and its breakdown components via the mother's milk
- the increased "allergic load," thereby risking future hypersensitivity problems

Birth defects and subsequent generational stigmas

The finding of aspartame metabolites in DNA clearly has profound implications. I have described severe problems in the fetus or the infants of parents-including fathers-who consumed aspartame at the time of conception and/or during pregnancy.

Epidemiological studies will be necessary to corroborate the role of aspartame consumption in medical, neurological, metabolic, immune and neoplastic disorders involving subsequent generations.

The urgent need for action

It is clear to all who have studied the matter that the initial approval of aspartame by the FDA in 1981-in the face of severe objections from its in-house scientists, consultants for the General Accounting Office, and even a Public Board of Inquiry-was an erroneous political decision. This opinion is supported by considerable clinical experience, an increasing number of credible scientific studies, and demographic evidence relating to the contributory role of aspartame sodas and other products in the dramatic increase of obesity, diabetes, attention deficit disorder, brain tumors and other malignancies in children.

In the light of this information, it is incumbent upon governmental agencies and consumers to severely curtail or stop the use of ALL aspartame products-including aspartame-sweetened vitamins, drugs and supplements. This also applies to a number of derivatives of aspartame and other chemicals that have not 000369 been evaluated by corporate-neutral investigators over sufficient periods of time using real-world products. Failure to do so invites the tragedy of a human "silent spring."

The full spectrum of the mild to severe, even lethal adverse effects of aspartame use have been detailed in Dr. Roberts' numerous articles, reports, studies letters and books. A comprehensive list of references to the literature Dr. Roberts has published on the subject of aspartame is available at http://www.wnho.net/aspartame_potential_danger.htm

REFERENCES:

Roberts, H. J.: Neurologic, psychiatric and behavioral reactions to aspartame in 505 aspartame reactors. In Proceedings of the First International Conference on Dietary Phenylalani8ne and Brain Function, edited by R. J. Wurtman and E.
Ritter-Walker, Washington, D.C., May 8-10, 1987, pp. 477-481
Roberts, H. J.: Aspartame (NutraSweet) associated confusion and memory loss: A Possible human model for early Alzheimer's disease. Abstract 306. Annual Meeting of the American Association for the Advancement of Science, Boston, February 13, 1988.
Roberts, H. J.: Aspartame (NutraSweet) associated epilepsy. Clinical Research 1988; 36:349A.
Roberts, H. J.: Complications associated with aspartame (NutraSweet) in diabetics. Clinical Research 1988:3:489A
Roberts, H .J.: The Aspartame Problem. Statement for Committee on Labor and Human Resources, U.S. Senate, Hearing on "NutraSweet" Health and Safety Concerns, November 3, 1987, 83-178, U.S. Government Printing Office, Washington, 1988, pp. 466-467
Roberts, H. J.: Reactions attributed to aspartame-containing products: 551 cases, Journal of Applied Nutrition 1988; 40:85-94
Roberts, H. J.: Aspartame (NutraSweet): Is It Safe? Philadelphia, The Charles Press, 1989
Roberts, H. J.: Does aspartame cause human brain cancer? Journal of Advancement in Medicine 1991: 4 (Winter):231-241
Roberts, H. J.: Aspartame-associated confusion and memory loss. Townsend Letter for Doctors 1991:June:442-443.
Roberts, H. J.: Myasthenia gravis associated with aspartame use. Townsend Letter for Doctors 1991; August/September: 699-700.
Roberts, H. J.: Joint pain associated with aspartame use. Townsend Letter for Doctors 1991;May:375-376.
Roberts, H.J.: Sweet'ner Dearest: Bittersweet Vignettes About Aspartame (NutraSweet). West Palm Beach, Sunshine Sentinel Press, Inc. 1992.
Roberts, H.J.: Unexplained headaches and seizures. Townsend Letter for Doctors, 1992: 1001-1002.
Roberts, H.J.: Safety of aspartame (Letter) Townsend Letter for Doctors 1992: November:977-978.
Roberts, H. J.: Aspartame: Is it safe? Interview with H. J. Robert, M.D., Mastering Food Allergies 1992: 7 (#1), 3-6.
Roberts, H. J.: Testimony: Analysis of Adverse Reactions to Monosodium Glutamate. Federation of American Societies for Experimental Biology, Bethesda, April 8, 1993.
Roberts, H. J.: Aspartame (NutraSweet) NOHA News 1993; Winter:5-6.
Roberts, H. J.: Aspartame-associated dry mouth (xerostomia). Townsend Letter for Doctors 1993; February/March: 201-202.
Roberts, H. J.: "Dry eyes" from use of aspartame (NutraSweet). Townsend Letter for Doctors 1994;January:82-83.
Roberts, H. J.: Aspartame as a cause for diarrhea in diabetics. Townsend Letter for Doctors 1994; June:623-624.
Roberts, H. J.: Aspartame and headache. Neurology 1995; 45:1631-1633.
Roberts, H. J.: Defense Against Alzheimer's Disease: A Rational Blueprint for Prevention. West Palm

000370

Beach, Sunshine Sentinel Press. 1995.
Roberts, H. J.: Lactose Intolerance. (Letter) New England Journal of Medicine 1995; 333:1359
Roberts, H. J.: Memory loss and aspartame. Townsend Letter for Doctors 1995; August/September:99-100
Roberts, H. J.: Aspartame as a cause of allergic reactions, including anaphylaxis. Archives of Internal Medicine. 1996; 156:1027
Roberts, H. J.: Critique of the Official Australia and New Zealand Food Authority (ANZFA) Position on Aspartame. Soil & Health 1997; July/September: 15.
Roberts, H .J.: Preclinical Alzheimer's disease (Letter) Neurology 1997; 48-549-55.
Roberts, H. J.: Aspartame effects during pregnancy and childhood. (Letter) Latitudes 1997; 3 (Number 1):3
Roberts, H. J.: "Dry eyes" from use of aspartame. Associated insights concerning the Sjogren syndrome. Focus (Information Forum For Retinal Degenerative Disorders) 1998: Volume 3 (No. 3):16-17.
Roberts, H. J.: Submission to FDA regarding Docket No. 981F-0052 (Food Additive Petition for Neotame), March 3, 1998.
Roberts, H. J.: What's blinding the world? Focus (Information Forum for Retinal Degenerative Disorders) 1998; Volume 3 (No. 3): 15-16
Roberts, H. J.: Ignored Health Hazards for Pilots and Drivers: The A-B-C-D-E-F-G-H File West Palm Beach, Sunshine Sentinel Press, 1998.
Roberts, H. J.: Aspartame toxicity denied - Dr. Roberts responds. Townsend Letter for Doctors & Patients 1998; April:110-113.
Roberts, H. J.: The CACOF Conspiracy: Lessons of the New Millennium. West Palm Beach, Sunshine Sentinel Press, 1998.
Roberts, H. J.: Unrecognized aspartame disease in silicone breast implant patients. Townsend Letter for Doctors & Patients 1998; May:74-75.
Roberts, H. J.: Unrecognized Aspartame Disease in Silicone Breast Implant Patients. Solicited Statement for the Committee on the Safety of Silicone Breast Implants, Institute for Medicine, Washington, D.C. Submitted on June 4, 1998.
Roberts, H. J.: Breast Implants or Aspartame (NutraSweet) Disease? The Suppressed Opinion About a Perceived Medicolegal Travesty. West Palm Beach, Sunshine Sentinel Press, 1999.
Roberts, H. J.: Aspartame (NutraSweet) addiction. Townsend Letter for Doctors & Patients 2000; January (#198): 52-57.
Roberts, H. J.: Carpal tunnel syndrome due to aspartame disease. Townsend Letter for Doctors & Patients 2000; November: 82-84.
Roberts, H. J.: Aspartame Disease: An Ignored Epidemic, West Palm Beach, Sunshine Sentinel Press, 2001.
Roberts, H.J.: Response to the assessment by the Alzheimer's Association concerning Research and prevention of Alzheimer's disease. Townsend Letter for Doctors & Patients 2001; May:111-112.
Roberts, H .J.: The labeling minefield, with emphasis on aspartame. Nutrition Health Review 2001; #80:6.
Roberts, H. J.: Reply and commentary to the NutraSweet Company's senior medical Consultant. Townsend Letter for Doctors & Patients 2001; October:93-95.
Roberts, H. J.: Pseudotumor cerebri due to aspartame disease. Townsend Letter For Doctors & Patients 2002;June:66-68.
Roberts, H. J.: Aspartame-induced dyspnea and pulmonary hypertension. Townsend Letter for Doctors & Patients 2003; January:6465.
Roberts, H .J.: Useful Insights for Diagnosis Treatment and Public Health. West Palm Beach, Palm Beach Institute for Medical Research, 2002.
Roberts, H. J.: The trouble with sweeteners. Nutrition Health Review 2003; July (#85): 3-6.
Roberts, H. J.: Aspartame disease: A possible cause for concomitant Graves'disease and Pulmonary hypertension. Texas Heart Institute Journal. 2004; 31:105

000371

Roberts, H. J.: Aspartame-induced arrhythmias and sudden death. Townsend Letter for Doctors & Patients 2004; May:121.
Roberts, H. J.: The potential hazard of aspartame absorption from within the mouth. Townsend Letter for Doctors & Patients 2004; July:100.
Roberts, H. J.: Aspartame Disease: An Ignored Epidemic. 3 cassette audio set. (ISBN 1-884243-207). West Palm Beach, Sunshine Sentinel Press, 2005. Roberts, H. J.: Mommylinks to Health: Aspartame (NutraSweet) Disease. CD (1-884243-134) West Palm Beach, Sunshine Sentinel Press, 2005.

(Dr. Roberts can be seen in the aspartame documentary: *Sweet Misery: A Poisoned World*, http://www.amazon.com or Barnes & Noble. He is an internationally known medical consultant and researcher. He is listed in Who's Who in America, Who's Who in The World, Who's Who in Science and Engineering, and The Best Doctors in the U.S. He has been knighted by the Order of St. George for his humanitarianism. His web site is http://www.sunsentpress.com or **1-800-827-7991** . Many of the reports in his references can be read on http://www.dorway.com and http://www.wnho.net)

Nutrasweet and Cancer

By Joseph Mercola, MD

Dr. Morando Soffritti and his international team of researchers have been investigating the link between aspartame and leukemia for a number of years. Last fall, we received the first tidbits about his long-term study of aspartame on rats and more horrible health risks.

His study is finally published, and the news is as bad as expected. More than 200 million people consume aspartame in their foods, drinks, vitamins and toothpaste, among other things, and their exposure to it frequently begins in the womb, so there's simply no telling how massive the problem truly is.

Will Dr. Soffritti's latest findings provoke far more scrutiny about the debatable safety of artificial sweeteners? I certainly hope so.

However, it will probably retain its profit-motive driven defenders, such as former G.D. Searle CEO Donald Rumsfeld. But despite their claims, the evidence is quite compelling that artificial sweeteners are not good for you; leukemia is just one of more than 90 different related symptoms that have been documented in humans who ingest aspartame.

If you are time pressured like me and just don't have the time to read the enormous amount of compelling evidence that makes the case for why you or anyone you love should never consume aspartame, then I would strongly recommend ordering the video "*Sweet Misery.*" (http://www.soundandfuryproductions.com)

Without question, it is the single best summary of the issues of aspartame toxicity and some of the leading crusaders for bringing the truth to the public are in the film.

The phenylalanine in aspartame dissociates from the ester bond and increases dopamine levels in your brain. This can lead to symptoms of depression because it distorts the serotonin/dopamine balance. It can also lead to migraine headaches and brain tumors through a similar mechanism. Furthermore, the aspartic acid in aspartame is a well-documented excitotoxin. Excitotoxins are usually amino acids, such as glutamate and aspartate. These special amino acids cause particular brain cells to become excessively

000372

anomalous result of a diet product causing increased consumption of carbohydrates."

Causing obesity! Read the entire protest at http://www.dorway.com/nsda.html

Dr. Louis Elsas, Professor of Genetics and Pediatrics at Emory University, in Congressional testimony stated: *"I have considerable concern for the increased dissemination and consumption of the sweetener aspartame in our world food supply. This artificial dipeptide is hydrolyzed by the intestinal tract to produce L-phenylalanine which in excess is a known neurotoxin. ... In the rapidly growing post natal brain (children of 0-12 months) irreversible brain damage could occur."*

Dr. H. J. Roberts, F.A.C.P., F.C.C.P., named the "best doctor in the country" by a national medical publication in his paper "**Warning School Children at Risk**": *"Aspartame induced disorders in children include headache, confusion, convulsions, irritability, depression, intellectual deterioration, antisocial behavior, rashes, asthma and unstable diabetes. Addiction to aspartame products has also become a problem."*

Dr. Roberts authored three medical texts on aspartame toxicity, including "*Aspartame Disease, and Ignored Epidemic*," 1,038 pages.

Today I was in contact with Certified Neurodevelopmentalist Kay Ness, (ICAN) who warned: *"All my work is trying to help children overcome attention and learning problems. A big part is basic nutrition to help them function better. It is no myth that improved nutrition improves brain function. Parents try hard to improve the diets of their children and despair when they have easy access to junk food and soda pop at schools. One principal, while drinking a diet soda, told me it meant $6,000/year in cash for the school, so he'd keep the machine. So we have the spectacle of children on psychoactive medications, parents trying to help them, and schools undermining the best interests of the children. If the school board truly cares for the children they will eliminate these chemicals, especially since the only motive for keeping these machines is money."*

What happens when pop and vending machines are removed. A 2002 report from the Feingold Association's True Facts newsletter reveals:

"In Appleton, Wisconsin, a revolution has occurred. It's taken place in the Central Alternative High School. The kids now behave. The hallways aren't frantic. Even the teachers are happy. The school used to be out of control. Kids packed weapons. Discipline problems swamped the principal's office. But not since 1997. What happened?

"In 1997 a private group called Natural Ovens began installing a healthy lunch program. Fast food burgers, fries and burritos gave way to fresh salads, meats prepared with old-fashioned recipes and whole grain bread. Fresh fruits were added to the menu. Good drinking water arrived. Vending machines were removed.

"As reported in a newsletter called Pure Facts: Grades are up, truancy is no longer a problem, arguments are rare, and teachers are able to spend their time teaching."

Pure Facts is published by The Feingold Association, part of its mission to generate public awareness of the potential role of foods and synthetic additives in behavior, learning and health problems. Feingold banned aspartame.

The report continues: *If what happened in Appleton, Wisconsin takes hold in many other communities across America, perhaps the ravenous corporations who invade school space with their vending*

000373

excited, to the point they will quickly die. Excitotoxins can also cause a loss of brain synapses and connecting fibers.

Then the ester bond in aspartame is broken down to formaldehyde and methanol, which have their own toxicities. So it is absolutely no surprise that leukemia is associated with using it.

If you are having trouble kicking the, in this case, "diet" soda habit, then please read our recent article on how to easily get rid of your soda addiction (go to http://www.mercola.com).

And if you're drinking diet drinks in an attempt to lose weight, they won't help you; diet soft drinks can double your obesity risks. If you want to lose weight, eat according to your metabolic type and start an appropriate exercise plan.

Dr. Mercola is proponent of health freedom through informed consent and hosts one of the world's most dynamic and comprehensive health information websites at http://www.mercola.com. *Those who have an interest in medical issues affecting themselves and their families are encouraged to visit the site to obtain cutting edge news and health information.*

Letter to the Alabama Board of Education

By Dr. Betty Martini

July 12, 2005: To the Alabama Board of Education and Press:

Suppose someone offered you this deal: "Let us feed your children products that trigger learning and behavioral problems, cause obesity, interact with drugs and vaccines, precipitate diabetes, trigger brain fog, blindness, retardation, seizures and produce 92 symptoms including death, by FDA report? Would you consent? And by the way an ingredient is an addictive narcotic that hooks them for life, and shortens it. Student athletes will suddenly drop dead when it damages their cardiac conduction systems. It also is a chemical hypersensitization agent. No member of the Board would allow such an atrocity.

But what if they offer you money? What is a fair price for the lives and health of your children? This question is before you now, and the soft drink vendors are right outside the door with their checkbooks. Am I telling the truth? Listen to these authorities:

The long National Soft Drink Association petition to Congress against the approval of aspartame was published in the May 7, 1985 Congressional Record: *"Searle has not met its burdens under section 409....to demonstrate that aspartame is safe and functional for use in soft drinks...The extensive deficiencies in the stability studies conducted by Searle to demonstrate that aspartame and its degradation products [methyl alcohol, formaldehyde, formic acid, diketopiperazine, etc] are safe in soft drinks intended to be sold in the United States, render these studies inadequate and unreliable.*

"There have been hundreds of reports from consumers around the country suggesting a possible relationship between their consumption of NutraSweet and subsequent symptoms including headaches, aberrational behavior, slurred speech, etc. ... Aspartame has been demonstrated to inhibit the carbohydrate-induced-synthesis of the neurotransmitter serotonin (Wurtman affidavit). Serotonin blunts the sensation of craving carbohydrates and thus is part of the body's feedback system that helps limit the consumption of carbohydrate to appropriate levels. Its inhibition by aspartame could lead to the

000374

machines and junk food will be tossed out on their behinds. It could happen. And perhaps ADHD will become a dinosaur. A non-disease that was once attributed to errant brain chemistry. And perhaps Ritalin will be seen as just another toxic chemical that was added to the bodies of kids in crazed attempt to put a lid on behavior that, in part, was the result of a subversion of the food supply."

Why even think of allowing our children to drink products that break down to a brain tumor agent, DKP, which triggered brain tumors in original studies, as well as pituitary, testicular, mammary, ovarian, pancreatic and thyroid tumors. The Calorie Control Council, a front group for the aspartame industry, wrote *The Miami Herald* which published the letter pushing aspartame on pregnant women and phenylketonurics, who are specifically prohibited from aspartame.

Neurosurgeon Russell Blaylock responded to this propaganda: *"Fully a third of all babies born to PKU carrier mothers consuming aspartame foods and drinks risk varying degrees of brain damage. It is also known that the amount of toxic phenylalanine reaching the baby is twice as high as that in the mother's blood because the placenta concentrates the toxin. In addition, numerous metabolic breakdown products of aspartame are known to damage the developing infant's brain, including methanol, formaldehyde, formic acid, diketopiperizine and phenylacetate. Aspartame has been shown by several studies to damage DNA, which can lead to cancer and degenerative brain disorders later in life. The risk of increased brain tumors in such a child would be enormous. Similar mechanisms of damage would be expected in those with liver disease. Studies on aspartame safety have shown that the product increases tumors throughout numerous organs, especially the brain. It was shown that brain tumor incidence increased over 47 times in animals exposed to aspartame.*

"With the public concern over childhood obesity and diabetes, few are being told of the overwhelming evidence that early exposure to excitotoxins (as found in aspartame) consistently produce gross obesity and insulin resistant diabetes, just as we are seeing in our youth. The promoters of aspartame use have been lying from the beginning and continue to use their money and political clout to cover up the real and present dangers of this toxic product."

Have there been studies on young children and aspartame? After 25 years of knowing how deadly aspartame is, nobody would ask children to sign up for a study on sweet arsenic. But a study was accidentally done by Dr. Miguel Baret Daniel in the Dominican Republic. Working with a pediatrician they decided to remove milk from the diet of 360 children because it can precipitate diabetes. Instead he provided juice laced with aspartame. The pediatrician noticed that most of the children were having what he called a kind of "brain allergy" showing abnormal restlessness, lack of concentration, irritability and depression. Dr. Baret then removed the aspartame and within 4 days all the 360 children went back to normal .

Why was aspartame approved by the FDA? For 16 years FDA not only refused to approve it, but asked to have G. D. Searle indicted under Title 18, Section 1001 for "their willful and knowing failure to make reports to the FDA required by the Act 21 USC 355 and for concealing material facts and making false statements in reports of animal studies conducted to establish the safety of aspartame."

Both U.S. Prosecutors hired on with the defense team and the statute of limitations expired. But Don Rumsfeld, who was CEO of G D Searle, said he would call in his markers and get aspartame approved even though the FDA said no. He was on President Reagan's transition team. The incredible story of how he accomplished this is told by Washington, D.C. attorney, James Turner in the documentary on aspartame called "*Sweet Misery: A Poisoned World.*" You can get a copy from http://www.docworkers.com but here is a clip where you can see and hear Attorney Turner tell one of the most incredible stories of political clout in getting a deadly chemical, a neurotoxic drug marketed for human consumption.

000375

Another toxin, Splenda, is a chlorcarbon: The Lethal Science of Splenda (http://www.wnho.net/splenda_chlorocarbon.htm)

Stevia, found in health food stores, helps metabolize sugar and is ideal for diabetics. It's a natural herb, has been used for centuries.

Children should be warned about gum because Wrigley's now puts aspartame in their products. It is particularly dangerous because like nitroglycerin, goes through saliva straight to the brain. Several have had grand mal seizures on aspartame-laced gum. Dr. Roberts has an excellent report on http://www.wnho.net

Listerine Strips also have aspartame and there are many reports of seizures from them.

Mother, teacher describes daughter's aspartame symptoms and recovery

Objective science proves aspartame consumption is not safe. Subjective "science" proves that aspartame consumption is safe. If symptoms develop after one begins consuming products containing aspartame-and reverse only after aspartame consumption has been discontinued-then what more proof does one need to determine whether or not aspartame is safe to consume?

By Barbara Metzler

After years of experience as a mother and a teacher, I truly believe that all schools should be deeply concerned about their students' consumption of aspartame, an artificial sweetener unfortunately found in a multitude of products.

Aspartame is found in many brands of diet soda and other diet drinks, gum, candy, flavored fizzy water and many diabetic foods. It is even in health drinks, yogurt, gelatins, puddings, wine coolers, cereals, breath strips and mints; some medicines and chewable children's vitamins also contain aspartame.

Most students realize that illegal drugs and smoking are bad for them, but many don't know anything about the hazards of aspartame. With all the media attention on obesity these days, students will start using even more "diet" products.

Obviously, obesity is a serious problem! However, turning to artificial sweeteners in an attempt to lose weight or prevent weight gain is not the answer. In fact, artificial sweeteners have been proven to contribute to weight gain. And, artificial sweeteners can definitely harm the health of students in many ways.

Some people react quickly to aspartame consumption and others don't realize they have a problem for years. Other people recognize problems, but they have no idea that aspartame is the cause.

It is important for schools to learn about the dangers of aspartame to protect the students. My own daughter's life was nearly destroyed by diet soda 18 years ago. She was a truly bright student whose college tuition was entirely funded by scholarships. She even won a Telluride Association Scholarship in competition with more than one million students from the entire United States. Aspartame caused in her an obvious intellectual deterioration.

000376

See the clip on Rumsfeld & aspartame at http://www.soundandfury.tv/pages/Rumsfeld2.html

We are taking case histories of aspartame brain tumors for litigation in New York, New Jersey, Madison County, Illinois and Mississippi. Does any parent want their children consuming a brain tumor agent?

Psychiatrist Ralph Walton, M.D., in a paper said: *"The neurochemical impact of aspartame on the brain is fairly complicated. Not only does it decrease the availability of the building block for serotonin (L-tryptophan), but one of the two amino acids that comprise aspartame, phenylalanine, is a precursor for another very important neurotransmitter, norepinephrine. Papers which I published in 1986 and 1993 discuss what I believe is the clinical impact (accentuating depressive illness) of altering the balance between these 2 neurotransmitters (norepinephrine and serotonin). "There is evidence that the therapeutic effect of antidepressants can be blocked by parachlorophenylalanine - a form of phenylalanine- one of the major constituents of aspartame. Administration of this substance has also been associated with aggression and bingeing.*

Dr. Walton continues by discussing the association of aspartame use and weight gain: *"Food-seeking behavior and satiety are driven by an area of the brain known as the hypothalamus. Stimulation of the medial hypothalamus in a laboratory rat leads to eating. Stimulation of the lateral hypothalamus leads to satiety and cessation of eating. Placing a lesion in the lateral hypothalamus produces an obese rat. The lateral hypothalamus is driven by serotonin. There are many papers in the current literature demonstrating that antidepressants which increase serotonin (but not antidepressants which act on other neurotransmitters) are useful in treating binge eating disorders. I believe that consuming large amounts of aspartame decreases the availability of serotonin and is thus analogous to placing a lesion in the lateral hypothalamus. Although much of this work is recent, clinical suggestions that aspartame can lead to a paradoxical increased appetite date back to Blunder's work of 1986.*

An evolving view in modern psychiatry is that although depression, obsessive compulsive disorder, panic disorder, impulse control disorders and eating disorders have historically been viewed as separate entities, in fact they should be viewed as a continuum of disorders all involving some degree of dysregulation of serotonin. I believe that at this time there is overwhelming evidence that aspartame contributes to this dysregulation.

For the entire report go to: http://www.dorway.com/walton2.txt and read his research on scientific peer reviewed studies and funding which was discussed on *60 Minutes* when Dr. John Olney made world news on the aspartame brain tumor association in 1996 (http://www.dorway.com/peerrev.html) Schools should have Doctors H. J. Roberts and Russell Blaylock's books which explain the dangers aspartame presents to the brains of our children, and show the documentary *Sweet Misery: A Poisoned World* - Once this knowledge is known no school with a conscience would allow anything with aspartame.

There is an epidemic of obesity in America, and we've known that diet pop with aspartame and in other products has caused it. And now it has been shown by a new study and 7 to 8 years of data by Sharon P. Fowler, MPH and colleagues at the University of Texas Health Science Center, San Antonio: (Diet Soda Drinkers Gain Weight at http://aolsvc.health.webmd.aol.com/content/article/107/108476.htm

In this Fowler says it shows that "Something linked to diet soda drinking is also linked to obesity." How true! That product is aspartame (NutraSweet/Equal/Spoonful/Canderel, E951).

An earlier study found weight gain among 78,694 women using artificial sweeteners: Stellman SD, Garfinkel L. Artificial Sweetener Use and One-Year Weight Change Among Women. Prev Med 1985; 15: 195 - 202.

000377

After drinking only one can a day for a year, my daughter started having epileptic-type seizures, severe depression, problems with cognitive functioning and she began to lose her vision in both eyes. She was studying for her master's degree and she herself realized that she was experiencing bizarre symptoms that were quite alarming.

Aspartame gives me immediate migraines, so that is why I suspected aspartame was harming my daughter. We live in New Jersey, but to follow up, we took her to Boston for special studies on her brain and the doctors confirmed that it was the NutraSweet (aspartame) that had made her so sick.

She finally stopped drinking sodas containing aspartame and she experienced a complete recovery. My daughter is now doing very well in her intellectually-demanding professional capacity as a computer programmer and financial analyst.

The clinical neuropsychologist who examined and tested my daughter in Boston luckily knew about aspartame and already had some preliminary evidence, from tests he had done, that the use of aspartame over a period of time might affect intellectual functioning in normal users. He said, "We are wondering whether, in fact, this substance may be capable of having a subtle effect on cognitive functioning that people may not necessarily be aware of. Think of the implications, for example, on an average college student who starts consuming a liter of this stuff during examination period and how it may, in fact, be interfering with his concentration and attention skills."

He said, "This kind of neuropsychological cognitive examination has never been used to investigate the effects of new drugs of any kind. Now we have food additives that are more like drugs than foods being introduced into the dietary chain but have direct effects on the brain's neurotransmitter system. But because the chemical industry is 20 years ahead of the regulators, thus far no one has attempted to apply more sophisticated methods of testing brain functions to these problems."

My daughter saw many physicians when she first became ill. She first went to a neurologist who decided that she had temporal lobe epilepsy and treated her for it-without success - because she didn't have temporal lobe epilepsy. She had to see an opthalmologist because she was losing her vision. She saw a second neurologist. She even went to a psychologist up in Boston. What an awful waste of time and money-from something as avoidable as diet soda.

Why did it take so long to find the cause of my daughter's deteriorating brain function? Simple: Most physicians and their patients are clueless when it comes to connecting the myriad of bizarre symptoms of aspartame poisoning with the consumption of what is supposedly a safe, government-approved substance. Since the FDA says aspartame is "safe," doctors don't notice aspartame-induced "side-effects" when they are staring them in the eye.

Please understand that aspartame is addictive. Aspartame liberates free methyl alcohol which is not only illegal, but causes chronic methanol poisoning. This affects the dopamine system of the brain and causes the addiction. Methanol is classified as a narcotic.

Nearly one in 10 American teenagers (approximately 2.2 million) experienced major depression last year, according to government statistics released recently that also showed that depressed youths were more likely to smoke, drink alcohol or abuse drugs. Aspartame greatly lowers serotonin levels in the brain. Decreased brain serotonin has been associated with depression, anxiety, panic attacks, suicidal attempts, hostility and psychopathic states, as well as hallucinations and insomnia. I can assure you that the epidemic numbers of depression among teenagers is linked to the huge amounts of diet sodas today's teens are drinking.

000378

New rules ban soda and junk food from Illinois schools

Mission Possible Director Betty Martini wrote a letter to the Alabama Board of Education urging the state to ban the sale of junk food to children attending public schools. Though Alabama has yet to implement a junk food ban, Mission Possible member Lane Shore presented Martini's letter to the Illinois State Board of Education, which adopted a schedule of junk food restrictions last March. The restrictions, developed per amendments to the National School Lunch Program, will be in effect beginning with the 2006-7 school year. All schools participating in the program have an obligation to develop their own child wellness policy.

From Mission Possible

Elementary and middle schools in Illinois are to be banned from selling junk food and soda in a move designed to improve children's health and mental abilities through good nutrition.

In March, 2006, The Illinois State Board of Education (ISBE) adopted the new junk food rules, which are due to come into effect in the 2006-2007 school year.

The new regulation will effectively replace existing rules that currently prohibit the sale of junk food in elementary schools during breakfast and lunch. The ban is now due to be extended to the entire school day in an effort to prevent students from snacking between meal times.

The new rules will also change the definition of junk food "to focus on what's most important"-the food's nutritional content, said the ISBE. This spells bad news for the future of foods with low or little nutritional value, such as candy, soda, pizza and chips.

"The State Board is defining junk food in a way that makes sense and ensures the health of children. These rules will help students have a healthier diet and perform better in school," said ISBE chairman Jesse Ruiz.

Lane Shore of Mission Possible Illinois, who was instrumental in achieving the junk food ban said the governor wants all junk food out of schools and has opened an inquiry into artificial sweeteners-aspartame in particular.

The State Board has the authority to implement the ban under the National School Lunch Program, a voluntary program, which provides funding to schools that implement certain nutritional guidelines.

Under terms of the Child Nutrition and WIC Reauthorization Act, by July 1, 2006 every school that participates in the school lunch or school breakfast program-the large majority of U.S. schools-must have a local wellness policy in place.

The policy, designed to address the problem of childhood obesity, requires that schools set nutrition standards for all foods sold in school, including in vending machines, a la carte lines and school stores.

Although the wellness policy will not be federally regulated and is likely to differ from school to school, it will contribute to addressing a loophole that allows the U.S. Department of Agriculture (USDA) to set cafeteria standards but forbids it from setting standards for foods sold elsewhere on campus.

I have been a medical doctor for over 25 years and have clinical and research interests in the liver and metabolism. I have authored several best selling health books including the "*Liver Cleansing Diet*," "*The Body Shaping Diet*," "*Don't Let Your Hormones Ruin Your Life*," "*Women's Health*," "*Menopause and Natural Hormone Replacement Therapy*" and I lecture internationally on these subjects. I have been consulted by thousands of patients with weight problems, hormonal imbalances, fatty liver, sluggish metabolism and chronic ill health. I have been an advocate and practitioner of nutritional methods of healing for 30 years. I regularly appear on national television and broadcast on many radio stations to educate people about the importance of a healthy liver in achieving good health and weight control.

In the interests of public health I am making a position statement concerning the use of the artificial sweetener called aspartame and sold most commonly under the brand names "NutraSweet" and "Equal."

Why do millions use it?

One must ask, "Why do millions of people ingest a toxic chemical like aspartame everyday?" It is because people have been brainwashed into thinking aspartame will keep their weight down and is good for health. The belief is inconsistent with credible science and shows me that we have lost touch with our own natural senses and instincts.

After having been consulted by thousands of overweight people suffering with problems concerning the liver and/or metabolism, I can assure you that aspartame will not help you in any way. Indeed, it will help you to gain unwanted weight.

How it causes weight gain

It has been my experience that people who use aspartame to lose weight are more likely to gain weight instead. There are logical reasons to explain the fattening and bloating effects common with aspartame consumption.

When you ingest the toxic chemical aspartame it is absorbed from the intestines and passes immediately to the liver where it is taken inside the liver via the liver filter. The liver then breaks down (metabolizes) aspartame to its toxic components-phenylalanine, aspartic acid and methanol. This process requires a lot of energy from the liver making less energy available for fat burning and metabolism, which will result in fat storing and elevated blood sugar levels. Excess fat may build up inside the liver cells causing "fatty liver" and when this starts to occur it is extremely difficult to lose weight. In my vast experience any time that you overload the liver you will increase the tendency to gain weight easily.

Aspartame also causes weight gain by other mechanisms.

- It causes unstable blood sugar levels, which increases the appetite and causes cravings for sweets/sugar. Thus it is particularly toxic for those with diabetes or epilepsy.
- It causes fluid retention giving the body a puffy and bloated appearance. This makes people look fatter than they are and increases cellulite.

Science supports field experience

Also with regard to obesity and aspartame, the Trocho Study in Barcelona (1998) showed that the formaldehyde converted from the free methyl alcohol accumulates in the cells and damages DNA with most toxicity in the liver but substantial toxicity in the adipose tissue (fat cells). Further a recent epidemiological study by Sharon Fowler at the University of Texas in 2005 linked diet drinks with obesity.

000380

In the Congressional Record, Senate, S - 5511, May 7, 1985, and part of the protest of the National Soft Drink Assn, now American Beverage, is this Statement: "Aspartame has been demonstrated to inhibit the carbohydrate-induced synthesis of the neurotransmitter serotonin (Wurtman affidavit). Serotonin blunts the sensation of craving carbohydrates and this is part of the body's feedback system that helps limit consumption of carbohydrate to appropriate levels. Its inhibition by aspartame could lead to the anomalous result of a diet product causing increased consumption of carbohydrates."

Addictive drug

So as far as product liability is concerned, you have companies selling an excitoneurotoxic carcinogenic drug to the population as a sugarfree diet product knowing full well this government-approved artificial sweetener is actually causing the obesity it's marketeers claim to be preventing. They also know that aspartame is addictive and that the methanol component is classified as a narcotic. Aspartame liberates free methyl alcohol causing chronic methanol poisoning. This affects the dopamine system of the brain causing the addiction.

Dr. Cabot's "position" regarding aspartame, as stated here, is an overview supported by 30 years of experience and research. To discover more about the liver, visit her website at http://www.liverdoctor.com. *To learn more about natural sugars that are better for the liver and weight control, read Dr. Cabot's books "The Liver Cleansing Diet" and "Boost Your Energy." Dr. Cabot's books can be ordered from Ten Speed Press through your local book store, or by calling* **1-888-75-Liver.**

Science, experience proves chemical food additives impair learning; wholesome food enhances learning

By the Feingold Association

The children in elementary and high schools today are the future of our country. We would never knowingly do something to harm their health or to make it difficult for them to take their proper places in society to sustain our country through the next generation.

Perhaps the word "knowingly" is the problem - for as long as we can close our eyes and not know it, we don't have to deal with it. However, there is a serious problem in our communities across the country. In spite of spending more money than ever before on education, our children are not getting educated. They are increasingly presenting with learning problems, behavior problems, attention deficits, impulse control, etc. They are increasingly diagnosed with attention deficit disorders, autism, and asthma. Tourette Syndrome - which only 25 years ago could not even be diagnosed by most psychiatrists and neurologists because they had never seen a case - is now recognized by every pediatrician. To top it off, childhood obesity and diabetes - matched by other eating disorders of various kinds - are overwhelming our ability to deal with them.

While it is recognized that obesity and diabetes type 2 are related to eating patterns, the neurological disorders are usually considered genetic. I want to make it very clear, however, that it is impossible to have an epidemic of a genetic disorder. This generation's children are not mutants - the genes were always there.

What happened?

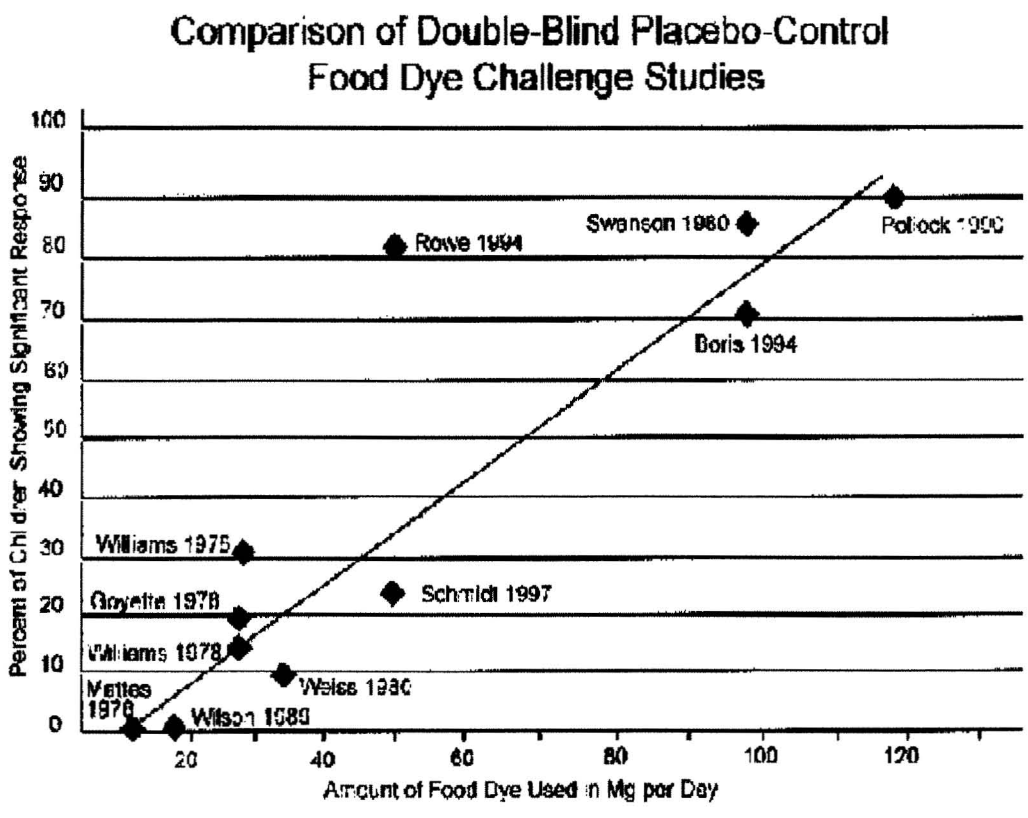
000381

The environment has changed. The food supply has changed and now includes an ever-increasing number of additives and synthetic chemicals - most of which have been shown by research to increase weight [1,2,3,4] (MSG, aspartame, food dyes, BHT) as well as to increase damage to DNA and worsen attention span and behavior. [5,6,7,8] See some of the research at http://www.diet-studies.com

What about the studies that showed diet has no effect?

In 1973, the American Medical Association mandated that research should be done on the new epidemic of "hyperkinesis" and its possible connection with food additives, as proposed by Dr. Ben F. Feingold. The "Nutrition Foundation" (an organization composed of Dow Chemical, Coca Cola, and various additive manufacturers and distributors [9]) agreed to fund such studies. They were certainly a questionable source of unbiased research.

Early studies, therefore, used unrealistically small amounts of coloring and most ignored the thousands of flavoring chemicals and the petroleum-based preservatives altogether -nevertheless when all studies are seen together, the results are clear. Whether the study used a Feingold-type diet or an oligoantigenic (few foods) diet, about 70% to 80% of children improved. When these improved children were then challenged by some amount of food coloring, how many reacted varied directly with the amount of coloring used. *See Graph #1 below.*



The most astonishing part of all this research is that in the studies at the left side of the graph above, in which only a few children reacted to the coloring - in other words, they stayed well - it was reported that the diet didn't work, when in reality the diet continued working so well that the small amount of coloring offered could not un-do it. It was the challenge that wasn't working!!

000382

You may have been told that "studies show" that only a few percent of children react to colorings, and that only the youngest are affected. Look again at the left side of *Graph #1*: If you used 1 mg or so of ***cocaine***, you might be able to prove it is safe, too, using their methods. And of course only the youngest would react to such a challenge; it is like trying to prove that aspirin is effective medicine, by using only baby aspirin. You will "prove" that aspirin only works for babies, and that it does nothing for adults.

So what do studies really show?

The following list of typical studies show the percentages of children whose behavior improved when given a diet eliminating artificial food colorings, flavorings, and preservatives (Some of these diets also eliminated salicylates and/or allergy-prone foods, some did not):

§ Egger 1985	= **81.6**
§ Swanson 1980	= **85**
§ Rowe 1988	= **72.7**
§ Egger 1989	= **80**
§ Kaplan 1989	= **50+**
§ Egger 1992	= **76**
§ Carter 1993	= **75.6**
§ Rowe 1994	= **75**
§ Boris 1994	= **73**

What about asthma?

Asthma is an autoimmune disorder, also at epidemic dimensions and increasing. When considering triggers and treatments, be aware that the American Academy of Pediatrics Committee on Drugs in their journal, Pediatrics (1985) listed the following colorings as bronchoconstrictors: [10]

FD&C Red #2	FD&C Yellow #5
FD&C Red #3	FD&C Yellow #6
FD&C Red #4	FD&C Blue #1

While a bronchoconstrictor may or may not directly cause an asthma attack, it certainly prepares the child for an attack to be more easily triggered by the next allergen that happens by. Would it not be reasonable to avoid these colorings?

What about the preservatives?

BHA and BHT are listed as "reasonably anticipated to be a human carcinogen" in the U.S. Government's Annual Report on Carcinogens. Some studies [4] have also shown BHA and BHT to increase body weight and cause some neurobehavioral problems. Stokes (1974) reported that "BHA-treated offspring showed **increased exploration, decreased sleeping, decreased self-grooming, slower learning, and a decreased orientation reflex.** BHT-treated offspring showed **decreased sleeping, increased social and isolation-induced aggression, and a severe deficit in learning.**" [5]

As for TBHQ - now used pervasively in oils by all fast food restaurants - it is a metabolite of BHA, and according to Schilderman (1993) it "**appeared to be a strong inducer of oxidative DNA damage.**" [11] Not a nice chemical to give our babies, is it?

000383

shown to increase appetite (and weight), and one of the side effects of aspartame is weight gain. Both have been shown to cause migraine [12, 13] in sensitive people. Make a child sick every day and how well will he do academically?

What can you do?

Do what these schools have done:

Raising Test Scores: Many schools have made simple changes that have yielded dramatic results in academic achievement.

- In 1979 students in Greater New York City's 803 public schools scored in the 39th percentile on the California Achievement Test. By 1983 they had gained over 15 points and scored in the 55th percentile. A graph and discussion are attached. [14]
- When Al Bullock accepted the job of principal for the Gordon Middle School (in a bad section of Philadelphia) the school's test scores were at rock bottom. By the end of the year the school ranked among the top ten percent in the state. The US Department of Education named Gordon a Blue Ribbon School - one of the best 200 secondary schools in the country. [15]
- The Appleton, Wisconsin Alternative High School was not only dealing with very low test scores, the discipline problems in the small school required a full time policeman on the staff. Today the students are learning and achieving, and discipline is no longer a problem. [16]

Changing the cafeteria can change the classroom

The change all of these schools have in common is that they removed the chemical stew they had been feeding the children and replaced it with real food. The changes were not difficult, nor were they expensive.

Some synthetic food additives have been shown to interfere with the brain's ability to function.

Swanson Study [17] - Children were given a blend of food dyes and then were tested. The researchers reported, "The performance of the hyperactive children on paired-associate learning tests on the day they received the dye blend was impaired relative to their performance after they received the placebo..."

Liverpool Study [18] - Researchers at the University of Liverpool exposed nerve cells from mice to combinations of widely-used additives and measured the resulting growth of the cells. The additives studied were: blue dye, yellow dye, MSG, aspartame (NutraSweet, Equal). While each additive caused damage to the nerve cells, the combination of two additives increased the damage four-fold and seven-fold.

The additives not only stopped the growth of the nerve cells, they also interfered with the ability of the nerves to send and receive signals. The researchers expressed concern about how these additive combinations may affect a child's brain.

000384

grade level.

- Bryan, a child who seemed destined for failure, now has a Ph.D. and two books to his credit. [22]

- Ben was always in big trouble at school and his academic career looked bleak. He started using the Feingold Program when he was 7, and later graduated from the University of California Summa Cum Laude, with multiple awards for academic excellence. [23]

Many schools today serve foodless foods

In recent years school foods have been further degraded by the addition of even more unhealthy additives and processing techniques, including excessive use of high fructose corn syrup, MSG, soy extenders and irradiation. The ingredients for a cheese quesadilla served by some schools would take an entire page to list.

Adding back missing nutrients

New studies have shown that in addition to serving healthier food, academic performance can be dramatically improved by the addition of essential fatty acids (EFAs), particular the omega-3 oils. These "good fats" have been removed from our foods through modern processing methods.

Researchers at Oxford University have shown that the addition of supplements containing omega-3 EFAs brought dramatic improvements. Children taking the EFAs made 10 months progress in reading skills in just 3 months. [24]

One company has found a way to incorporate EFAs into a delicious soft serve ice cream; they provide it for children in inner city schools.

Better food for better performance

Changing school food does not need to be difficult or expensive; in fact, some schools have found they can provide better food for less than they had been spending on the inferior lunches.

As school administrators, you must be on the side of the children, and do what needs to be done because from oral as well as from parenteral administration of glutamate (12). We describe here experiments which demonstrate hypothalamic damage in infant mice following relatively low oral doses of glutamate, and also report that orally administered aspartate and cysteine can induce retinal and hypothalamic damage.

Seventy-five Webster Swiss albino mice, 10 to 12 days old, were given single oral doses of a 10 per cent aqueous solution of MSG at one of 5 dose levels (0.25, 0.5, 0.75, 1.0 or 2.0 g/kg). Ten control animals were intubated but given no treatment, and an additional 46 were given single oral doses of other test compounds, as shown in Table 1. Accurate dosage control was ensured by use of an improvised flexible gastric tube inserted gently through the mouth and esophagus into the stomach. About 5 h after treatment, each animal was anaesthetized with chloral hydrate and killed by perfusion fixation of the central nervous system with 1.5 per cent glutaraldehyde and 1 per cent paraformaldehyde in 0.1 M cacodylate buffer. After 15 min of perfusion, the retinas and brain areas of interest were further fixed in osmium tetroxide and processed by a technique described elsewhere' which permits alternative examination of any specimen by either light or electron microscopy. To provide a rough 3 g/kg., Aspartate and cysteine, however, were striking exceptions because each animal treated with these compounds developed both retinal and hypothalamic lesions which seemed identical to those which are usually found after treatment with MSG. The possibility that glutamate and aspartate are additive in their toxic effect was suggested by the observation that every one of eight animals treated orally was a mixture of MSG (0.5 g/kg) and sodium aspartate (0.5 g/kg) developed a degree of hypothalamic damage characteristically seen in animals treated with either agent as 1 g/kg (Table 1).

Curtis (13) and others have found that glutamate, aspartate and cysteine comprise a select group of amino acids (the "neuroexcitatory" amino acids) which can depolarize nerve membranes. Whether the striking ability of this select group of compounds to induce neuronal necrosis in the immature central nervous system relates to their ability to depolarize nerve membranes need further study. Because glutamate is a naturally occurring constituent of dietary protein there has been little tendency to question its safety for human infant consumption. But, in our experiments, both glutamate and aspartate are toxic to the infant mouse at relatively low levels of oral intake and, when taken together, these common amino acids have an additive brain damaging effect. Contrary to conclusions which others have reached from studies on adult animals (12) these experiments with tube fed infant animals raise serious questions concerning the advisability of supplementing the human infant diet with MSG.

This work was supported by grants from the National Institutes of Mental Health, U.S. Public Health Service.

John W. Olney, M.D., OI-Lan Ho Washington University School of Medicine, St. Louis, Missouri 63110: Received January 5; revised April 16, 1970.

References

1. Lucas, D.R. and Newhouse, J.P., Amer. Med. Assoc. Arch. Ophthal, 58, 193 (1957)
2. Potts, A.M., Modrell, K. W., and Kingsbury, C., Amer. J. Ophthal., 50, 900 (1960)
3. Freedman, J. K., and Potts, A.M. Invest. Ophthal., 1, 118 (1962)
4. Freedman, J. K. and Potts, A.M. Invest. Ophthal., 2, 252 (1963)
5. Cohen, A. I. Amer. J. Anat., 120, 319 (1967)
6. Olney, J. W., J. Neuropath. Exp. Neurol., 28, 455 (1069).
7. Olney, J. W., Science, 164, 719 (1969)
8. Redding, T. W., and Schally, A. V., Fed. Proc., 29, 755 (1970).
9. Olney, J. W., and Sharpe, L. G., Science, 166, 380 (1969)
10. Gerber Products, Inc., Hearings before the Select Committee on Nutrition and Human Needs of the

000386

US Senate, 13A, 4170 (July 1969).
11. Lowe, C. U., Science, 167,1016 (1970).
12. Blood, F. R., Oser, B. L. and White, P. L. Science 165, 1028 (1969)
13. Curtis, D. R. and Crawford, J. M., Ann. Rev. Pharm., 9, 209 (1969).

Back | Articles | Main | Home
Contact Us

000387

HB 2680 - Circulate please Room 329

UNIVERSITAT DE BARCELONA

Departament de Nutrició i Bromatologia
Facultat de Biologia

Av. Diagonal, 645
08028 Barcelona, Espanya/España/Spain
Tel. +34934034606; Fax +34934037064;
e-mail: malemany@ub.edu

Prof. Dr. Marià Alemany
Grup de RecercaNitrogen-Obesitat

Barcelona February 12, 2008

The President
Hawaii House Committee on Health
Honolulu, Hawaii
United States of America

Sir/Madam,

I am aware that your Committee is prepared to discuss the pertinence of banning the use of aspartame in products for human use, from drugs to foods. Since I am one of the few scientists that have a direct working knowledge of the metabolism effects of this drug, I feel that it is mu duty to give you the reasons why I think that this compound should not be allowed for human use.

In order to test a hypothesis repeatedly maintained without experimental proof that the incorporation of carbon from labeled aspartame found in proteins of experimental animals was due to normal metabolic incorporation of this carbon into protein amino acids through the 1C pathways, we devised a simple set of experiments in which we fed radioactively labeled aspartame to groups of rats. We found (and published in a peer-reviewed Journal, Life Sciences) that the label specifically linked to the methanol moiety of aspartame found its way into both protein, RNA, and DNA. We also proved beyond doubt that this incorporation was not due to its incorporation to normal amino acids (methionine) or nucleic acid components (pyrimidines), but was the consequence of the formation of adducts of formaldehyde. This effect was observed in most tissues, including the retina, liver and brain, and was observed with fairly low doses of the drug, an effect potentiated by repeated dosing.

The danger associated with formaldehyde toxicity, as that demonstrated by us in aspartame-treated rats is mainly associated to the formation of adducts with DNA that result in mutations, the base for cancer and cell reproduction errors. In addition, proteins were affected, with the consequent loss of function and metabolic derangement. The publication of this paper resulted in a serious attack, in a paper published shortly afterwards in the same Journal, by a researcher closely related to the company producing this compound in which my integrity and that of my co-authors was challenged as were our results (without any experiment done, and no actual discussion of our results, methodology or conclusions). The pressure we felt (and an unexplained drop in our financing) helped us to abandon further studies on aspartame. Nevertheless, our results stand and have not been proved wrong, in fact they are the only study as far as we know that proves the direct interaction of aspartame-derived carbon in the formation of DNA adducts in vivo. This report, in line with all the studies done using labeled aspartame, was ignored by the European Union Committee on Food Safety and a number of other food control Agencies at the prompting of industry-related lobbies.

I am very sorry that the health of so many people depends on a product that should not be available for human consumption, that is harmful and which long-time effects have not been established nor even investigated. I am suggesting that a preventive ban be established on its use (or at least include an explanatory label in all products that contain aspartame in line with the notices on tobacco use), but also that a complete, independent and unbiased study be carried out to prove whether the ill-effects observed at the molecular level are translated into serious health harm as many of us, basic scientists fear.

Please, take this opportunity to help people first to know, second to decide and third to take them out of harm's way.

Thank you very much for allowing me to give my testimony. Please, let me know if you require further information or more detailed explanations justifying the position I have just outlined.

Sincerely,

Marià Alemany PhD
Professor of Nutrition and Food Science

000388