

ASPARTAME: SUICIDE AND DEPRESSION

(From "Aspartame Disease: An Ignored Epidemic" by the late world expert, H. J. Roberts. M.D. www.amazon.com)

Severe depressions afflicted 281 (23 percent) of 1200 aspartame reactors. Of the 397 aspartame reactors who completed the initial survey questionnaire, 144 (28.7 percent) suffered depression; 39 (9.8 percent) had suicidal thoughts. (Twenty-two were on a "strict" diet.) Ten continued using aspartame despite its apparent contribution to their depression.

Suicide has become a public health crisis. One occurs every 17 minutes in the United States, ranking it third among causes of death for young people, and second for college students. Accordingly, any substance that may contribute to suicide cannot be ignored, particularly when consumed in large amounts.

General Considerations

The onset or recurrence of severe depression may be triggered by multiples interrelated social, economic, interpersonal and medical events. In view of the significant incidence of "endogenous" depression in the general population, commonly used chemicals that might aggravate it – as aspartame products – deserve close scrutiny.

The National Institute of Mental Health (NIMH) emphasized the epidemic nature of depression in the United States (Holden 1986). Its analysis revealed

- About six percent of the population experience clinical depression within a given six-month period.
- The average age of onset has declined from 40 years to the mid-20s.
- Women are more likely to be afflicted with a major depression – namely, one in four within their lifetime, compared to one in ten for males.
- The preponderance of female aspartame reactors (Chapter II-H) is germane.
- Depressed persons requiring hospitalization suffered a relapse rate of about 85 percent.

Depression often interferes with one's occupation, schooling and personal life. Its manifestations include loss of appetite, unexplained fatigue, difficult concentration, the feeling of worthlessness, and suicidal thoughts.

Observations Concerning Aspartame-Associated Depression

A. Older persons (Chapter XV) tend to be affected severely. They often interpret inability to concentrate and mental blocking as evidence of “old age” or even early Alzheimer’s disease. A comparable diagnostic errors by professionals compounds the “irony of the psychiatric megatrends” for the elderly (Glass 1987). Dr. Robert H. Willis (1987) reported that suicide is successful in only one of 100 attempts by adolescents, but in nearly all first-time attempts among persons over 60.

B. Young individuals are highly vulnerable. An estimated ten percent of teenagers suffer significant depression. Furthermore, the suicide rate for the 15- to 19-year-old age group has more than tripled. The contributory role of aspartame products is inherent in mounting concern over “junk food” taken by weight-conscious teenager.

The young friend of an aspartame reactor require psychiatric admission shortly after beginning to use a popular aspartame reducing “formula.” Once she discontinued this formula and aspartame diet sodas, she improved dramatically and could omit the prescribed lithium.

Whereas depressed adults often express unremitting sadness and a sense of foreboding, depressed teenagers tend to withdraw socially. They lose interest in school achievement and sports, as well as food. A vicious cycle then may be generated by considerable aspartame consumption and decreased caloric intake.

C. Depression may be a response to the aspartame molecule or its three components. One patient convincingly found that L-phenylalanine alone caused it. This prominent writer initially suffered extreme depression while using aspartame sodas. When she tried L-phenylalanine one year later, hopefully to abort recurrence of her depression, it intensified.

D. De novo depression occurred in persons with no prior history of this disorder after they used aspartame products.

- A successful business executive experienced severe depression, headache and lethargy while drinking aspartame beverages. She stated, “I didn’t even want to go out into the sun and enjoy the summer. I even looked forward to the rain. (I love summer and hate rain.)” Her symptoms disappeared shortly after stopping aspartame products.

- A 33-year-old office manager with multiple reactions to aspartame wrote, “I was extremely depressed, and it was hard to work. I didn’t lose my job because we’re self-employed.

E. Suicidal Thoughts. Among the more recent 649 aspartame reactors in this series, 46 (7.1%) admitted to contemplating suicide! (See Case VII-B-6).

Physicians, psychologists and social workers recognize that depressed individuals with suicidal thought require prompt treatment and counseling, especially young persons. In

this context, the March 1986 Morbidity and Mortality Weekly Report emphasized an age shift to younger individuals, especially white males less than 40.

Special emphasis ought to be directed to aspartame reactors with suicidal thoughts after losing considerable weight. A patient who attempted suicide twice asserted, "All my problems began with drinking diet cola."

Representative Case Reports

Case VII-B-11

A prominent radio announcer in his mid-30s called one week after my initial press conference on aspartame disease to volunteer a personal report. His joyful attitude and perceived brilliance had been appreciated throughout the community. A consultant therapist was unable to explain his feeling of "something dragging me down." A news colleague who had taped my remarks insisted that he listen to the recording. While doing so, he analyzed his own "terrible mood swings and inappropriate depression" over the previous four months. Once week after stopping aspartame, he gratefully acknowledged that his symptoms had abated.

Case VII-B-2

A 43-year-old attorney and trust officer quit several positions because of presumed "job-related depression" and suicidal thoughts. He had been drinking three or four cans of diet cola daily. Other complaints included extreme irritability, "anxiety attacks," a change in personality, and the fear of crowds.

He deduced that aspartame beverages were the cause after retesting himself on four occasions. His symptoms improved "immediately" each time he stopped them. A niece also suffered severe depression and menstrual changes from aspartame disease.

This lawyer was emphatic in his perceptive recommendations about the regulation of aspartame products. "Please research as many suicides as you can regarding quantity consumed prior to the act. Also child abuse. Watch in particular the teen suicide situation!"

Case VII-B-3

A 29-year-old homemaker drank "enormous amounts" of diet cola. She developed many symptoms – including "mood swings," "personality changes," "crying for no reason," and "severe suicidal thoughts." She stated, "I never was depressed before, so why now? I have two beautiful kids and a husband with a good job."

Case VII-B-4

A 43-year-old nutritionist and health educator suffered intense depression within one week after consuming ten or more glasses daily of an aspartame soft drink. It recurred after one retest trial.

“I was depressed (sad, crying, etc.) for no reason. I was on vacation at the time and having a good time. I started drinking aspartame on vacation because of thirst. I do professional counseling. My clients also have experienced depression and vision problems with aspartame.”

Case VII-B-5

A 26-year-old woman experienced severe depression, suicidal thoughts, and marked personality changes after consuming aspartame sodas. All began to improve within one day after stopping them, and disappeared in ten days.

“I went from a fun-loving, carefree person to – as I would like to refer – a monster. My appearance changed, my personality changed, my life changed. At that point I really began to believe I was truly insane.”

Case VII-B-6

This woman had consumed saccharin-containing soft drinks until they were no longer available. She then drank two to three cans of diet cola daily. Within a week, she experienced severe depression that had not been experienced previously. She wrote, “One day, I was so distraught and crying continuously that I decided to get in my car and find a bridge to drive off. Fortunately, I passed a doctor’s office before I found one, and just walked in – crying and carrying on. The doctor agreed to see me on the spot.” He prescribed an antidepressant, which only sedated her.

While in bed praying for help, “A voice told me to stop drinking these sodas. (No, I don’t normally hear voices.) Within 24 hours of stopping, I felt much better. Within 48 hours I felt like a brand new human being.”

This patient’s conclusion was bolstered on meeting another woman who described a comparable mental reaction after consuming aspartame soda.

Case VII-B-7

A college student suffered “major depression” while drinking 6-8 diet colas daily. On learning about aspartame disease, she stopped these products. She reported

“After a couple of months off the soda, I was at a speaking competition, doing very well, and in a good mood. Within minutes after drinking a diet soda, I felt teary and was shaking. Since that time, I have not had so much as a stick of aspartame gum. There have been no more depressive episodes.”

Familial Predisposition to Aspartame-Associated Depression

A large body of information confirms the familial tendency to depression. Debate continues as whether the chief provocative influence is genetic or environmental. A single genetic abnormality has been found among one large Amish family with many depressed members.

Aspartame products appear to have initiated or aggravated depression in members of afflicted families. Examples are cited in Chapters II and XVI. The following letter from a woman who had read about aspartame reactions illustrates this issue.

“Yes. I definitely experience side effects when I use aspartame regularly – especially depression! I am a happy, up-beat person and never feel “down” unless I’ve been using aspartame.

“I have a 28-year-old daughter who suffers from heart palpitations and depression when she uses aspartame.

“I also have a 22-year-old daughter who feels depressed if she uses aspartame.”

Aspartame-induced depression in relatives offers leads about future research. For example, neurotransmitter and metabolic alterations could be studied by position emission tomography (PET) (see VII-A) in members of depression-prone families following aspartame challenge.

Representative Case Report

Case VII-B-6

A 62-year-old woman suffered severe depression with suicidal thoughts. She felt “just miserable, hating every day.” Other complaints included marked visual changes in both eyes, ringing in the ears, personality changes, severe insomnia, tremors, facial pain, slurred speech, shortness of breath, palpitations, diarrhea, abdominal bloat, itching and joint pains. Striking improvement occurred within six days after discontinuing an aspartame beverage.

Her sister, her husband, a grandson, a brother, and a sister experienced comparable severe reactions that promptly improved or disappeared when they avoided such products.

Mania and “Bipolar” Depression

Several aspartame reactors in this series had “bipolar” depression wherein the depression would alternate with periods of manic behavior characterized by intense excitement and overactivity. As many as two million Americans suffer manic-depression.

The ability of phenylalanine to stimulate the central nervous system, directly or through its conversion to other neurotransmitters (Chapter XXII), is germane.

Some studies suggest that bipolar and unipolar affective disorders are distinct entities – that is, in terms of familial prevalence, genetics (including twin studies), prognosis, and response to treatment (Schwartz 1987). Several observations are pertinent

- Women outnumber men with unipolar depression by about two to one.
- Differences in unipolar and bipolar depression are reinforced by positron emission tomography studies (Schwartz 1987). Patients with unipolar depression have significantly higher local cerebral metabolic rates for glucose, but these are reduced in bipolar depression. Accordingly, a further reduction of the cerebral metabolic rate caused by aspartame or its byproducts might precipitate clinical depression in predisposed individuals.
- A subset of manic-depression appears linked to a dominant gene on the tip of the short arm of chromosome 11. The tyrosine hydroxylase gene (Section 5), which cascades the synthesis of dopamine, exists in this region.
- Whereas the cyclic antidepressants are more effective than lithium in unipolar depression, they tend to cause more behavioral disturbances in bipolar depression.

Representative Case Report

Case VII-B-7

A 67 year old man had been treated for bipolar depression, essential tremor, and a labyrinthine syndrome. He fare well for several years on small doses of propranolol and lithium.

One month prior to his June 1986 visit, the tremor and vertigo intensified, coupled with “increased mood elevation.” On direct questioning, he admitted to recent consumption of aspartame products. His symptoms promptly subsided when he avoided them and did not recur over the ensuing year, notwithstanding enormous stress because of his wife’s serious illness during that period.

The Studies of Walton et al

Walton, Hudock and Green-Waite (1993) dramatically demonstrated the adverse effect of aspartame intake in patients with a history of depression. They administered aspartame (30mg/kg) daily or a placebo for seven days in a double-blind challenge to 40

patients with unipolar depression, and a similar number of persons without a history of psychiatric problems. The NutraSweet Company apparently refused to supply these researchers with aspartame, so analytically certified USP grade aspartame was purchased from a chemical distributor.

The frequency and severity of depression, headache, nervousness, difficulty remembering, insomnia, fatigue, and malaise were striking among patients with a history of depression after ingesting aspartame, compared to the placebo, both in these patients and nondepressed volunteers. Persons without a history of depression did not manifest frequent or severe symptoms when given aspartame. The severity of reactions among patients with a history of depression proved sufficiently alarming that the Institutional Review board had to halt this project prematurely.

- Three participants spontaneously volunteered that they felt “poisoned” after taking the product later determined to be aspartame.
- A 42-year-old Ph.D.-psychologist with a history of recurrent severe depression experience pain in one eye, followed by retinal detachment (Chapter IV) requiring emergency surgery.
- Another depressed patient evidenced conjunctival bleeding for the first time during the week she ingested aspartame.
- Individual patients with a history of depression experienced swollen lips, a bad taste in the mouth, facial numbness, weight gain and irritability – complaints not reported by nondepressed volunteers.

This experience also has raised questions about the nature of the aspartame supplied for published “negative” double-blind studies (Section 7).

Some Pathophysiologic and Pharmacologic Considerations

My experience underscores two important factors that should be considered when persons present with “endogenous” depression: severe hypoglycemia (Roberts 1964, 1971b) and aspartame disease. They also ought to be sought when depressed patients unexpectedly suffer severe relapse while on conventional anti-depressant treatment. In this regard, aspartame may interfere with the action of imipramine (a tricyclic antidepressant) and other drugs influencing neurotransmitters that are used in managing depressed patients (Chapter IX-I).

The decrease of serotonin by aspartame administration (see VII-A) has considerable relevance to depression and other psychological problems, particularly among weight-conscious women who severely restrict their carbohydrate intake. Smith et al (1997) reported that the rapid lowering of brain serotonin can precipitate clinical depressive symptoms in untreated individuals vulnerable to major depression.

The subject of neurotransmitter alteration in depression and other mood disturbances was mentioned in VII-A, and will be amplified in Chapter XXIII. It has been hypothesized that depression results from decreased brain serotonin. Conversely, drugs such as imipramine tend to increase serotonin, and sensitize the brain to norepinephrine.

- There is considerable evidence for the diminished turnover of brain serotonin in depression and behavioral disturbances, including suicide (The Lancet 1987; 2:949-950).
- Aspartame decreases the availability of L-tryptophan (a precursor of serotonin) and alters its balance with norepinephrine, another important neurotransmitter. Some have likened its effect to that of a lesion in the lateral hypothalamus causing depression, other psychiatric problems, and eating disorders.
- Impairment of serotonin metabolism appears to summate upon the high insulin levels and reactive hypoglycemia found in violent offenders and arsonists (Virkkunen 1982, 1983, 1984, 1987).

The reduction or absence of carbohydrate in aspartame products also can contribute to depression. Dr. Harris R. Lieberman (1987) asserted that carbohydrates exert an antidepressant effect in a subgroup of obese individuals who use them as snacks for combating mood changes without risking altered alertness. This phenomenon may reflect changes in serotonin synthesis and release.

C. ANXIETY ATTACKS AND PHOBIAS

In this series of 1200 persons with aspartame disease, 201 (17 percent) used the term “severe anxiety attacks” to describe their emotional reaction.

Anxiety can assume one of several forms – panic attacks, generalized anxiety, marked irritability, phobias, and obsessive-compulsive behavior.

- Panic attacks refer to sudden episodes involving the feeling of intense terror or impending doom. Associated sweats, rapid heart action, feelings of smothering and faint, dizziness, trembling, and the sense of alienation are common.

A female aspartame reactor could precisely date the onset of her panic attacks to use of diet sodas. They occurred after a new fountain was installed in her corporate break room. This led to bingeing on aspartame beverages. “When I went back to drinking water, the panic attacks stopped!”

Drake (1986) also reported panic attacks in a 33-year-old woman who consumed considerable aspartame cola drinks.

- Generalized anxiety describes a persistent sensation of tension. It is commonly coupled with sleep problems and the inability to concentrate. Palpitations, sweating, jitteriness and mild depression also may be present.
- “Extreme irritability” was mentioned by 194 (16 percent) aspartame reactors.
- Phobias intensified in 77 (6 percent) of the aspartame reactors. They described extreme fear of a particular situation, object or activity. It may be evoked by exposure to heights, enclosed spaces or crowds (agoraphobia). One aspartame reactor developed a marked phobia for dogs.
- Obsessive-compulsive behavior refers to recurrent and persistent ideas or repetitive behavior, at times assuming the nature of a ritual.

The unexplained recurrence of severe anxiety after previously successful medication, counseling, and behavior modification therapy should prompt therapists to inquire about aspartame use. This issue assumes added pertinence when these patients are known to be dieters subject to hypoglycemia (Chapter XIV).

A psychiatrist interested in morbid agoraphobia described the reaction of some patients en route to work as “an attack in which they become dizzy and unstable, sweaty and warm all over, shaky on the outside and inside, heart pounding and beating rapidly, mouth dry, lump in throat, weak legs, stiffness, and crawling guts” (Medical Tribune October 2, 1969, p. 2). These symptoms often characterize “low blood sugar attacks” as well as aspartame reactions.

There is a consensus that agoraphobia, including its broader definition as the fear of panic attacks, stems from “stress” and negative thoughts or perceptions. In the present context, however, panic episodes (or “passive aggressive behavior”) that had been triggered by aspartame consumption were often obviated by avoiding this chemical.

A number of observations concerning the neurobiology of panic attacks involve abnormal cerebral glucose metabolism, disturbances of various neurotransmitters (including cholecystokinin and serotonin), dysfunction of the locus ceruleus, and altered aspartate receptors (Roy-Byrne 1998). These were cited in VII-A, and will be amplified in Section 5.

Representative Case Reports

Case VII-C-1

A 34-year-old registered nurse developed severe “anxiety attacks” after consuming up to eight cans of a diet cola and ten sticks of aspartame gum daily. Other complaints included headache, lightheadedness, “epilepsy-like fits,” marked memory loss, slurred speech, sensitivity to noise in both ears, difficulty with contact lens, diarrhea, severe joint pains, and less frequent periods. Her symptoms disappeared within six weeks after avoiding all aspartame products. She wrote “My doctor told me I was having anxiety attacks. However, I have not had that feeling since I quit using aspartame. I had to convince my physician that aspartame, and not neurosis, was my problem. Luckily for me, my friend developed seizures and linked it to aspartame. I got off before this happened to me.”

Case VII-C-2

A 32-year-old man with a severe reactive hypoglycemia responded well to a conventional diet and supportive measures. He subsequently evidenced increasing irritability and anxiety for which a psychiatrist was seen.

The patient returned because of persistence of these features, along with “feeling woozy” and having memory problems. The physical examination and routine studies were normal. On direct questioning, he stated that he drank four liters of a diet cola daily. He thereupon volunteered that his sister also experienced marked confusion and dizziness after using aspartame.

When seen three weeks after stopping aspartame products, the foregoing symptoms had virtually disappeared.

Case VII-C-3

A 52-year-old bank executive developed convulsions after drinking an aspartame hot chocolate mix for eight consecutive nights. She also experienced severe anxiety, marked aggravation of phobias, and intense depression with suicidal thoughts. She recalled, “I wanted to jump off the top of a parking garage.”

Case VII-C-4

The following correspondence from a registered nurse described her reactions to aspartame products.

“The onset of symptoms is very subtle so it is difficult to put your finger on the source of trouble. At first, I noticed that I became not only very depressed but also developed a feeling of irritability. I had extreme mood swings between these two. My temper developed, and was instant and very sharp. I would get very angry over nothing, and yell and throw temper tantrums. I felt as though I not only could get extremely violent and probably kill, but also that I had no feelings of remorse. I knew I was acting bad. I also

knew when I was being too angry, but I didn't try to stop and didn't care. That was the scary part. It was all very overwhelming, and finally scared me because I knew something was very strong.

"I was about to go seek help when I realized that it might be the aspartame. After discontinuing the product, it took about two to three weeks for the worst of the symptoms to disappear.

"I lost total control of myself during the time I was using the aspartame. It seems so strange because I used it to help me diet, but I couldn't stop eating. Because of this lack of control, I gained more weight than I had ever done before in my life. I had extreme anxiety attacks over nothing, especially when I went out any place.

She elaborated upon some of the other "little things that happened" while taking aspartame.

- "My eyes went from OK to not even being able to focus."
- "My loss of memory is strange because I forgot things I did yesterday, which is like a senile person. Also things I knew in the past, as vocabulary words, were totally foreign to me. I've been scared to go back to work as an RN because of this memory loss."
- "My hair had been falling out since then."
- "I've practically lost self-respect and feel bad about myself, which is something new for me."

With reference to the depression, she wrote

"I've been diagnosed as having severe depression, yet every antidepressant I have taken caused severe reactions (seizures; an extrapyramidal syndrome; disorientation; blurred vision). I believed I was crazy. I signed myself into a mental institution, but was told after three days that I was not crazy."

It was her mother who finally made the diagnosis: "aspartame poisoning."

Case VII-C-5

A 36-year old janitor was urged by his dentist to drink diet sodas when he developed several cavities. Shortly thereafter, he experienced “panic attacks,” considerable facial pain, a tremor, and increasing nervousness. He also had abdominal discomfort, diarrhea, insomnia, confusion and memory loss. (“I found my mailbox stuffed full, with postmarks nearly two weeks old.”) a psychiatrist told him that he had “a fixation with the number 6.” Another diagnosis was “male menopause.” His neighbors became concerned about “my possibly using drugs and going crazy.”

After reading an article on aspartame disease, his mother asked about the use of aspartame products. His symptoms promptly subsided after avoiding aspartame. He wrote, “Thank you again, and please don’t give up on your research. If I had my way, they’d un-invent aspartame!”

An impressive family history of aspartame disease unfolded. His sister had severe anxiety attacks when taking aspartame. A younger brother and his mother developed gastrointestinal complaints from diet sodas. The mother also recently developed “borderline diabetes.”

Case VII-C-6

A 46-year-old woman had been diagnosed as having a “panic disorder” six years previously. Other prominent symptoms included headache, chronic fatigue, lightheadedness, and “dazed feelings.” She rejected the assertion that “stress” was a major factor. Her symptoms “vanished” after avoiding aspartame products. She stated, “For the first time in years, I feel I am in charge of my life again.”

Case VII-C-7

A female aspartame reactor described her aspartame-induced panic attacks in these terms:

“I would get a very uncomfortable tight feeling in my chest, and sometimes my heart would race or beat irregularly. The doctors thought I was crazy or that it was linked to some sort of mental illness. I went through extensive testing. They found me perfectly healthy, with no heart problems or other physical problems that would be causing this pain. I also would frequently feel dizzy while just walking for no apparent reason. I had extreme mood swings and anxiety. A week after I stopped ingesting aspartame, all my symptoms disappeared and I have not had any of these problems since. It makes me extremely angry how this information is hidden from the public.”

D. “PERSONALITY CHANGES” AND ABNORMAL BEHAVIOR

I. Personality Changes

“Marked personality changes” occurred in 167 (14%) of the 1200 aspartame reactors in this series. Their vivid descriptions appear below and in other chapters.

- The wife of a patient with aspartame disease described how this “very outgoing and vibrant-on-action man” had become transformed into an “in-spirit-nothing” person. He also experienced dizziness shortly after ingesting an aspartame beverage on several retrials.
- A 39-year-old homemaker evidenced a marked change in personality, irritability, memory loss and insomnia while consuming aspartame. She stated, “I was amazed by the total personality change. Doctors think I’m ‘nuts’ to think a sweetener would be the problem.”
- A 34-year-old teacher exhibited personality changes whenever she drank a diet cola. They consisted of “trouble with co-workers, mood flare-ups, and two arguments with the principal of the school even though we previously got along OK.”

II. Abnormal Behavior

Evidences of abnormal behavior by aspartame reactors, with or without confusion (Chapter VI-C), are cited in other chapters.

- Several victims described in Chapter VI-L suffered grossly abnormal behavior, personality changes, and severe intellectual impairment.
- The wife of a businessman volunteered that leaving an untidy desk and failure to turn off the lights were uncharacteristic of him.
- Mothers anguished over their irritability, erratic behavior, and potential for child abuse while ingesting aspartame products. For example, a 38-year-old accounting clerk “lost my temper and found myself screaming at my son” after drinking a diet cola the previous day. Such behavior promptly recurred on three retesting challenges with two other brands of aspartame cola.
- An experienced coordinator of special programs for Minnesota high school students with disability from emotional/behavior disorders (E/BD) became increasingly convinced about a relationship between the phenomenal rise of such disability over the last decade and consumption of aspartame products.

Health care professionals who had personally experienced aspartame reactions of this nature repeatedly conjectured about the potential for psychopathic behavior. They linked newspaper accounts to strange behavior with the presumed intake of aspartame products.

The Orlando Sentinel (August 18, 1986, p. B-1) reported that a 39-year-old nude burglary suspect was apprehended after the sound of glass breaking had been heard. A communications supervisor at the Sheriff’s office stated, “They did not find his clothes.

He does not know anything about how his clothes were taken off him, and the last thing he remembers is having a drink of (a diet beverage), and lying on the couch.”

The dramatic increase of highway violence (Section 6) (The Wall Street Journal August 3, 1987, p.1) has coincided with heightened aspartame consumption. Previously responsible persons engaged in fights, shootings and other mayhem after some minor stimulus – e.g., the flashing of high beams by an oncoming car, or failure of a driver to yield.

Aspartame disease may contribute to “road rage.” The American Automobile Association reported a 51 percent increase of overtly hostile manner by motorists since 1990 (The New York Times September 20, 1997).

The recent emphasis upon unexplained “air rage” among passengers in planes is relevant, especially by persons chewing aspartame gum (Chapter II-E). Their bizarre and unexpected behavior after being served diet drinks has raised the possibility of an aspartame reaction. These individuals tended to have an “anxious look” and “glass” eyes, but no memory of such behavior thereafter.

Courts have denied the so-called Twinkie defense in cases wherein depression and other psychiatric aberrations were attributed to “junk food.” In the case of persons consuming considerable aspartame, however, this possibility does exist.

The dramatic increase of criminal activities by children below the age of ten in recent years – ranging from armed robbery to sadistic murder – has alarmed police, judges and criminologists (The Miami Herald December 29, 1986, p. A-16). Others have stressed the need to rethink the roots of violent behavior. While many socioeconomic factors influence adolescent violence, the possibility contributory role of aspartame-induced aberrant behavior has hardly been addressed.

In an attempt to understand violence better, Alice Miller (1983) suggested discarding theories that have proved of little value. Dr. John R. Hamilton (1987), Section of Forensic Psychiatry at the Institute of Psychiatry in London, emphasized an interlinking of the physical, psychologic and social effects of violence.

The abnormal behavior of young children consuming aspartame will be described in Case VII-D-4 and Chapter XI. The Tourette syndrome (Chapter VI-G), an extreme form, was reported by one mother. This disorder, possibly familial, is also characterized by chronic intermittent motor and speech tics.

The following scientific observations are germane.

- Behavioral changes may occur early in life after the experimental administration of aspartame. Dosing mice with it during late pregnancy delayed achievement age for visual placing in the offspring (Mahalik 1984).

- The choice reaction time in adults decreases as much as ten percent with a 250 $\mu\text{mol/L}$ increase in the plasma phenylalanine concentration (Krause 1985).

Reports suggesting that aspartame does not affect the behavior of children require close analysis, especially when the studies were corporate-sponsored. Kreusi et al (1986) concluded that neither sugar nor aspartame significantly disrupted behavior in 30 preschool boys. However, they kept the sweeteners in a refrigerator and on crushed ice, and the drinks were served cold. The significance of these details is discussed in Section 5.

Representative Case Reports

Case VII-D-1

This housewife experience many difficulties three months after beginning to consume aspartame products. They included crying, headache, extreme fatigue, diarrhea, rashes, weakness, loss of appetite and weight, “flashes of darkness like I was going to pass out, and jerking in my insides.”

She also expressed great concern over “fussing at my husband every minute he was home after we had always had a beautiful relationship.” She added, “I think my husband thought I was psychotic – frankly, so did I.” these problems increased despite the prescription of an antidepressant drug.

A cousin then informed the patient about an article discussing aspartame disease. She described her response to abstinence in these terms:

“About 24 hours after I took my last diet drink, I suddenly felt better than I had in months. I have been fine ever since. I have continued to stay away from aspartame, and nobody will ever convince me that it was not the cause of all my problems. I credit my cousin for saving my life because if she hadn’t told me about that article, I believe it would have killed me.

Case VII-D-2

A 42-year-old registered nurse developed extreme irritability and anxiety, severe depression with suicidal thoughts, a change in personality, and aggravated phobias while consuming two glasses of aspartame-sweetened iced tea and two packets of an ATS daily. She had switched to these products because of the alleged cancer risk of saccharin, even though the latter had not caused her any obvious difficulty.

Other complaints included decreased vision in both eyes, dizziness, tremors, mental confusion and memory loss, numbness of the arms, slurred speech, palpitations, unexplained chest pains, abdominal distress (for which she began taking ulcer medication), nausea, marked abdominal bloat, thinning of the hair, and a 20-pound weight gain. She had hay fever for 20 years.

Her mental changes became so severe that she quit her work and supplementary courses. She added

“I could have killed if provoked. That’s why I was going to seek help. I also noticed I lost my inhibition and any guilt feelings for acting bad. I still don’t feel I can work as a nurse because I’ve forgotten so much, and things are all confused in my head.

“I continually make a fool of myself because of being so stupid now. I’ve lost all self-confidence and self-esteem. I continue to be depressed because of this. How long will I feel bad? I spoke to three doctors about my symptoms being caused by aspartame, and they all just about laughed in my face. How do you work with this?”

As this nurse was arranging to see a psychologist, she deduced that her symptoms could be related to using aspartame. There was decided relief within two weeks after stopping such products... especially her anxiety attacks. The depression and memory loss, however, persisted at the time of her communications.

She offered this thought about abnormal behavior by other aspartame reactors: “Can anybody know if these bizarre killings aren’t aspartame induced? I know I could have done so.”

Case VII-D-3

A 41-year-old legal secretary took great pride in her work over a period of 13 years. She described her changed mood and personality during the several months she consumed aspartame.

“I would come home from work and the least thing that happened would bring on a crying fit. I was so sensitive that if someone even said ‘good morning’ to me, I would go off on a tangent. My husband felt it was the pressure of my job, and told me several times he was going to make me quit. I then began to believe it was the job because I couldn’t seem to cope with the simplest things; co-workers and bosses alike seemed to get on my nerves. These were people I had known and loved all those years. In July of 1984, I walked off my job (I had been in the work arena for 28 years and never did such a thing.) The moodiness didn’t quit, it just got worse.”

Case VII-D-4

The concerned father of a 12-year-old boy observed his son’s aspartame-induced behavioral changes. He had become highly irritable, emotional and seclusive, coupled with plummeting grades. The lad “started sneaking it (aspartame) behind my back.” An

endocrinologist found low blood sugar levels (in the 40's). When the boy was then allowed to have sugar products, he evidenced marked improvement. After drinking a diet soda while eating with his family, he promptly "felt tired and sick."

The boy's symptoms left with aspartame abstinence. He received all A's and B's grades in several months.