A Hidden Epidemic: Reflux and Food Allergies

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Possibly one of the most important and most overlooked causes of reflux is food allergy. Whether in infants or older children, studies indicate the importance of food allergies as a causal factor for reflux. Physicians who focus on food allergies and intolerances frequently see the successful resolution of reflux in their patients. Unfortunately, this has had little impact on the standard of practice for treating reflux.

Food allergies and intolerances are still widely misunderstood by both the public and physicians. This is especially true when it comes to determining whether or not your child is suffering from such a reaction. This article will explore this fascinating topic and help you gain a fuller appreciation for the complexities involved.

What is a Food Allergy?

Food allergies are much more complicated than most people, including most physicians, realize. Food allergies are typically thought of as relatively uncommon reactions to a few select foods, such as peanuts, that usually result in anaphylaxis, hives, or maybe asthma. This is how most allergy specialists think of food allergies. However, there are numerous research studies that indicate that food allergies cause many other conditions, including reflux.

(continued on page 10)
Medical News of Interest

Pediatric GERD redefined

The definition of GERD in children has always been fairly vague. The distinction between GER and GER-DISEASE is often blurred in medical journal articles and studies. A team of nine pediatric gastroenterologists associated with the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHN) decided to clarify the definition. They assembled a list of statements about pediatric GERD, tinkered with the exact wording, and voted on which ones they believe are true. They also graded the strength of evidence and agreement for each statement.

This is a small sample of the 59 statements they agreed upon:

- GERD in pediatric patients is present when reflux of gastric contents is the cause of troublesome symptoms and / or complications.
- Symptoms of GERD vary by age.
- Symptoms due to gastroesophageal reflux (GER) are troublesome when they have an adverse effect on the well being of the pediatric patient.
- The otherwise healthy newborns (age: 1 – 30 days) and infants (age: >30 days to < 1 year) with reflux symptoms that are not troublesome and are without complications should not be diagnosed with GERD.
- Reflux symptoms that are not troublesome in toddlers and children (age: 1 – 10 years) should not be diagnosed as GERD.
- Reflux symptoms that are not troublesome in adolescents (age: 11 – 17 years) should not be diagnosed as GERD.
- Regurgitation in pediatrics is defined as the passage of refluxed contents into the pharynx, mouth, or from the mouth.
- Bilious vomiting should not be diagnosed as GERD.
- Regurgitation is a characteristic symptom of reflux in infants, but is neither necessary nor sufficient for a diagnosis of GERD, because it is not sensitive or specific.
- Symptoms of GERD, particularly in infants, may be indistinguishable from those of food allergy.
- In clinical practice, adolescents are generally able to describe specific GERD symptoms and to determine whether those symptoms are troublesome.
- Pediatric population-based studies of reflux symptoms are insufficient and are a priority for further research.
- Non-erosive reflux disease [NERD] in the pediatric patient is defined by the presence of troublesome symptoms caused by the reflux of gastric contents and by the absence of mucosal breaks during endoscopy.
- Insufficient data exist for recommending histology [biopsy] as a tool to diagnose or to exclude GERD in children.
- There is insufficient evidence that GERD causes or exacerbates sinusitis, pulmonary fibrosis, pharyngitis, and serous otitis media in the pediatric population.


Available for a fee from http://www.nature.com/ajg/journal/v104/n5/abs/ajg2009129a.html

New Coping brochure

NASPGHN recently published a booklet titled “Coping When Your Baby has Reflux or GERD – You are Not Alone.” The booklet is very useful with the exception that they suggest finding other moms who know about GERD by contacting local “Mommy and Me” groups.


Abdominal Pain Is Common in Children, Comes at a Price

Medscape has an interesting review of a new study of school children in Chicago. Researchers followed a group of school children to see how often they experienced GI symptoms and headaches. During four consecutive weeks, a shocking 28% missed school due to a stomach ache and 25% had abdominal pain. The Medscape article also addresses lingering questions about whether the pain is caused by psychological issues or is the cause of psychological issues. This discussion is particularly appealing to parents.
Axia3 Heartburn Extinguisher®

This new medicine combines a reflux medication with digestive enzymes. Ingredients are calcium carbonate, sodium bicarbonate, xylitol, amylase, protease and lipase.

Metoclopramide

In January, 2009, the Food and Drug Administration added a “Black Box Warning” to alert doctors and patients about the side effects of metoclopramide. Metoclopramide is the generic name for the reflux medicine known as Reglan. PAGER has been publicizing information about the side effects for years. In 2004, PAGER Director, Beth Anderson, and board member, Ed Freeman MD, wrote an article about the side effects. The article is in plain English and describes the side-effects in detail. [http://www.reflux.org/reflux/webdoc01.nsf%28vwWebPage%29/EPS-TD.htm?OpenDocument](http://www.reflux.org/reflux/webdoc01.nsf%28vwWebPage%29/EPS-TD.htm?OpenDocument)

PAGER has continually urged patients to report side effects to the FDA. The FDA recently released information about the complaints they have received. The number of complaints doubled between 2006 and 2008.

In unrelated news, metoclopramide will soon be available in an orally dissolving tablet called Metozolv ODT. It is not intended for children. The FDA Black Box Warning applies to this new formulation.

Gut bacteria

Researchers in Italy and the US have been studying the feces of babies with colic. Researchers in Italy found more coliform bacteria such as e coli in colicky babies. The US research team found evidence of intestinal neutrophilic infiltration and fewer varieties of normal bacteria. This field of study is really taking off. NIH is studying the bacteria that all humans have on and in their bodies. The Human Microbiome Project will help us understand intestinal diseases, immunity and allergies. And it will probably shed light on many other diseases.


(2) Altered Fecal Microflora and Increased Fecal Calprotectin in Infants with Colic, J Pediatr. 2009 Jul 21, PMID: 19628216

Bile reflux

New York Times writer, Jane Brody, did a good story about bile or alkaline reflux. It was picked up by several other newspapers. [http://www.nytimes.com/2009/06/30/health/30brod.html](http://www.nytimes.com/2009/06/30/health/30brod.html)

Chronic cough in children

Researchers studying children with chronic cough found that it is most often caused by acid reflux (27.5%), allergies (22.5%) and asthma (12.5%).


Depression in children

Most people don’t believe that young children can actually have a serious problem with depression. Research is showing that it is rare but serious. Many children are moody, but depressed children don’t bounce back quickly after
a tantrum or bad mood. They may appear sad even when playing. They may have trouble focusing or seem uninvolved. They may have a poor appetite, sleep poorly and when they get upset they may bite or hit. They might talk about topics that other people consider unpleasant like death or disease. They may also display an overblown sense of guilt that last for days after they do something bad like breaking a glass. Teens and adults with serious depression will often say that they were depressed or never happy even as toddlers. The most common causes are family problems or trauma. [Chronic illness was not listed but is known as a trigger for depression in adults. - Ed.]


Linking colic and depression

Researchers have long linked colic to depression in mothers. USA Today reported about a group of researchers who decided to see whether fathers of colicky babies are also more depressed and found a connection. They think that depressed parents may focus on the crying more and report their babies to be fussier than a non-depressed parent might. This is important because colic and depression can both lead to parents taking their bad mood out on a crying baby. “Although colic usually goes away on its own by the time a baby is 3 or 4 months old, it can lead frustrated parents to shake their infants. In extreme cases, that can cause irreversible brain damage,” says pediatrician Lisa Asta of Walnut Creek, Calif. “It’s a sensitive subject. The last thing parents need is more guilt,” Asta says. “These people are pretty strung out as it is.”


Pain perception gene

Researchers in the Netherlands have identified a gene that seems to cause an abnormally high pain level during reflux events. Reflux that causes pain but no damage is sometimes called “functional dyspepsia.” This term means digestion that seems to be working properly when tests are run, but causing more pain than expected. For example, a pH probe shows only a few, short reflux episodes but they significant pain.


PPIs Can Cause Rebound Acid (Re posted from the last newsletter)

In Denmark, researchers gave a daily dose of a PPI to 60 healthy volunteers who did not have acid reflux. After eight weeks, they were switched to a placebo. 44% of the volunteers in this group had some incidents of acid reflux after going off the medicine. Another group of volunteers was given a placebo and only 15% of them reported incidents of acid reflux after stopping the placebo.

Proton Pump Inhibitor Therapy Induces Acid-Related Symptoms in Healthy Volunteers after Withdrawal of Therapy. Gastroenterology. 2009 Apr 9. PMID: 19362552

From The Trenches

Impact of the Rebound Acid news

We are including the news item above a second time because it has had a big impact on our members. There are a lot of families who are confused. When the doctor suggests that you stop giving your child a PPI and the symptoms flare up, how do you know if the reflux is still a problem or the symptoms are due to rebound acid from the medication?
Here are excerpts from two letters from PAGER members who are concerned about this. [Confidential and extraneous details have been removed.] If you would like to respond, we will print a selection of responses in our next newsletter. Input from health professionals is welcome. What are you recommending?

**My son is now 13 months. He has been on [a PPI] since he was 2 months old. Every time we see his pedi, he says "I'd really like to see him off the [PPI]. It is unusual for a child his age to need [a PPI]."**

I know what they think. They think that my son never had reflux, that he had colic and that I pushed for medication to make myself feel better. Now that he has become dependent on it, we can't just wean him off. They think I gave a perfectly healthy baby [the PPI] and caused him to have a reflux issue. I have an appointment with a new gastro in October. I am hoping she can give me some guidance. But, I am scared that this doctor will treat me the same way since she knows my son's pedi.

I feel like I've abused my child by pushing the reflux issue. I feel like maybe it was colic and it was ME who couldn't deal with it. I think I hurt my son by trying to "help" him. I really paid attention to his symptoms and they seemed to be classic reflux. But now I am doubting myself. Now I wonder if I made it seem worse than it actually was. I mean, his pedi has years of experience with this stuff so he must be right. Oh, and I was also told the same thing by another gastro. This one said that it WAS colic and that he didn't need to be on [a PPI], but that we couldn't just take him off.

Anyway, I feel horrible. I've screwed up my son's life with my desire to make him a happy comfortable baby. I should have just sucked it up and maybe it would have gone away on its own. I feel so stupid. I feel horrible and ashamed and embarrassed. I don't deserve to be a Mom.

**Hello to all of you wonderful parents of GERD babies. I can't rave enough about the helpful advice these boards have provided me (and our pediatrician and all of my friends who have reflux babies!). My almost 9-month old has been on [PPI] daily since she was 4 months old. In the past two months, her spitting up has diminished, she's an all around happy, pleasant baby, and she wakes anywhere from 1 to 5 times a night, depending on something I may have eaten.

I am dairy-free, citrus-free, red wine/grape free, chocolate free (even decaf), and tomato-free. I also wonder if my eating bananas makes her fussier (that is a tangent), so I’ve quit eating those.

We left for a short work trip/vacation last week. I completely forgot to give her her [PPI] on the day we flew down, and the next evening in a panic, I remembered. I searched all of our bags and couldn't find it! I was convinced I left it at home (which a GERD parent would NEVER do, right? turns out it WAS in a hidden zipper of the diaper bag and I had ZERO memory of packing it in there...and didn't find it until we got home). But she seemed fine, was sleeping well, and so I decided to see what would happen. At the time, I didn't think I had a choice. She did great for the rest of the trip (even though her nap routine was disrupted by our travel).

When we returned home, all was well. I began to think, "Hey, her reflux is gone and we can quit the meds!" Then, last night, day 7 of no meds, she started spitting up again. Very small amounts. I know [PPI] is not supposed to affect spitting-up, but I found that a strange coincidence. And she began to get irritable and fussy. Could be teething? Could be the zucchini I fed her yesterday for the first time? Could be the tiny amount of kiwi fruit I let her taste (stupid, stupid mom... is that citrus?)? She woke up crying 6 times last night, and I keep hearing her make small little burps and then smack her lips (wet burps). She's hiccupping again too. Each time I was able to nurse her a little and she'd go right back to sleep. This morning she's been fussing and crying too. I've read on these boards that weaning[from PPI] is difficult.

So here are my questions: 1. Should I continue to withhold [PPI] to see if it gets worse? If it gets better, can I assume that it was the zucchini or kiwi I fed her yesterday? 2. Should I give the [PPI]? Then I won't know which it is. 3. Is it pretty normal to see about 7 days of no problems after stopping PPI's and then start to see problems again? 4. If I start [PPI] again, will it take a week for her to feel better? That's how long it took (actually 2 weeks) to start working initially. 5. Does motherhood EVER stop being a detective game? Does this get any easier when they can TELL you what is bothering them?

Thanks in advance for any insight you might have.
Other postings and replies on the topic of weaning children from a PPI

Do you know about the rebound effect? If you quit cold turkey, the stomach can overcompensate and produce even more acid. It's best to wean gradually (I weaned my dd over a period of about 2 mos), but maybe you already did that. Even with gradually weaning like we did, we still had to ride out a couple of rough days here and there but eventually her body was able to adjust. But if not, it's ok to go back on the med too.

I think it's an individual thing. Most cut it a tiny bit at a time. Like take away 1/4 or 1/2 the dose for a week or two and see how it does. Usually you'll know pretty quick if it's gonna work or not. It just really depends on the child. My only real advice is to leave the bedtime dose till last. Don't mess with it till you've weaned from the other doses.

Wish you well :)

It is such an up and down process. We got thru the "hump" and it was all good. I got [our son] off the [PPI] completely in about 3 weeks total. We did have to start up [an H2] at night tho...it was just a small dose and we only needed it for about 3 weeks. I am crossing my fingers!! It was good to hear from you...take care :)

Update from a PAGER Member

Beth,
I was one of your original members back in 1993...we used to meet in Nordstrom's cafe? My son, Jimmy, was one of the first babies on Cisapride. Not sure if you remember me??

Jimmy's symptoms kind of diminished (or so I thought) and he is now almost 16 and he's telling me he's been having constant reflux, but he just doesn't bother me with it. I'm taking him to an adult Gastroenterologist instead of back to [the two pediatric gastroenterologists] who treated him as an infant.

I am telling you this because I just found out that I have Barrett's Esophagus...caused by lifelong GERD. I was unaware that mine was so severe...I guess, like all our babies, I was born with reflux so I didn't realize I wasn't "normal". How could I be so proactive and involved in my baby's treatments and not even notice that I had GERD myself??

Now I have permanent damage that may end up in cancer and have to have annual endoscopies. So I'm putting my son's case back on the front burner. I want to warn all of you who had babies with GERD to continue seeking treatment and talk to them about Barrett's as they get old enough to understand...this is a lifelong process! I thought we were all done with it.

Peggy

Organizational News

PAGER in the News

On September 4, USA Today contained a supplement about digestive diseases. Beth Anderson wrote the introduction to the magazine and helped the editors find experts and writers. You can read the supplement on our web site: http://www.reflux.org/reflux/webdoc01.nsf%28vwWebPage%29/USA heute. The editors found that many experts and organizations wanted to be paid to appear in the supplement. It is our mission to improve public awareness of GERD and we were very pleased to be able to help.
PAGER was contacted by The Doctors to have a member appear on the show and ask a question about GERD in children. You can watch Janet (Zack’s mom) using this link: [http://www.thedoctorstv.com/main/procedure_list/500](http://www.thedoctorstv.com/main/procedure_list/500).


We were also contacted by The Dr. Oz Show and invited our members to appear on the show. We don’t have an air date yet, but watch for a segment on acid reflux.

On July 13, Beth was a guest on Doctor Radio’s "Dr. Ira Breite Show." Dr. Breite’s show covers many topics but he is trained as an adult gastroenterologist. He asked a lot of questions about how GERD is different in children. The show was on XM and Sirius Radio.


**Crying Curriculum**

Jeanne Bruening is a PAGER member who developed a class for new parents that helps them learn to deal with a crying baby. The curriculum is posted on our web site. [http://www.reflux.org/reflux/webdoc01.nsf/%28vwWebPage%29/CopingwithCrying.htm?OpenDocument](http://www.reflux.org/reflux/webdoc01.nsf/%28vwWebPage%29/CopingwithCrying.htm?OpenDocument)

**PAGER Relocated**

In September, PAGER relocated to Silver Spring, Maryland. The new address is; PAGER
PO Box 7728
Silver Spring, MD 20907
301-601-9541 Warm Line

**Spanish Pediatric GERD Outreach Project**

As part of the Spanish Outreach, we were strongly advised to make our printed materials more attractive. We have a new look and new graphics. These items are also available in English. You can print them from the web site and distribute them as you see fit. Go to the Reading Room of [www.reflux.org](http://www.reflux.org) or la sala de lectura or [www.ReflujoEnNinos.org](http://www.ReflujoEnNinos.org) to see all the options.
The Spanish Outreach project is sponsored by unrestricted educational grants from the following:

![Eisai](image1)
![Takeda](image2)
![Demarest Lloyd Jr. Foundation](image3)

As part of our Spanish Outreach project, we issued a press release that has been used on many web sites and by several newspapers including CNBC and Reuters. You can find the text of the press release in the Press Room at [www.reflux.org](http://www.reflux.org).

We also wrote a “featurette” which is a short story that newspapers can use. It was published in both English and Spanish and has been used by many newspapers and web sites. Ask your local newspaper to use it. You can download this and other useful stories at [www.napsnet.com](http://www.napsnet.com).

**Children’s Health**

**Kids Get Acid Reflux, Too**

(NAFS)—Did you know that 7 million babies and children in the U.S. have acid reflux?

Although a proper diagnosis is sometimes missed, some clues include a burning sensation in the throat or chest, stomach aches, spitting up, a sensation of food coming up, poor appetite, trouble swallowing, night waking, ear infections, sinus problems, asthma, wheezing, excessive crying, colic, tooth decay and bad breath. Untreated reflux can cause serious health problems.

Half of all Hispanics who report acid reflux symptoms don’t seek treatment.

The nonprofit Web site www.reflux.org has been providing information about acid reflux for 17 years. The site has now been translated into Spanish at [www.ReflujoEnNinos.org](http://www.ReflujoEnNinos.org). Patients, clinics and doctors can download free booklets and brochures in English and Spanish. The sites are supported by public donations and grants.

**la salud de los niños**

Los niños también sufren de acidez o reflugo gastroesofágico

NAFSM—¿Sabía usted que 7 millones de bebés y de niños mayores en los Estados Unidos tienen reflugo gastroesofágico?

¿Por qué no siempre se diagnostica correctamente, es importante conocer algunos de los síntomas, como por ejemplo, sensación de ardor en la garganta o el pecho, dolor de estómago, regurgitaciones, la sensación de que la comida se devuelve, rechazo del alimento, problemas para tragar, dificultad para dormir, congestión nasal frecuente, sonrojo, dolor de espalda, estreñimiento, pérdida de peso, falta de apetito, mareos, asma, ronquidos, llanto inconsolable, cólicos, caries y mal aliento.

El reflugo gastroesofágico que no se trata puede causar problemas graves.
Jennifer's Blog

This is the letter my girls would have written to me before they were born to explain their GERD. I have seen other parents write something similar. I think it shows everyone going through the trials of a "reflux baby" exactly how hard it can be. I hope to those of you in the middle of it that it gives you some encouragement that there is a "light at the end of the tunnel." For family members or friends I hope that you will take this letter and use it as a tool to help anyone you know dealing with a "reflux baby."

Dear Mommy,

I have GERD. You will hear screaming, oh the constant screaming. Gut wrenching, cries... You will think it is quite possible someone in your neighborhood will call for help. You almost wish that they would... because you are sure something has to be wrong with me! You will sit on the floor next to my crib when you are too tired to stand anymore and you will cry with me. Daddy will join you in tears, something he rarely does. You will pray over me like you have never prayed in your life.

You will attempt to feed me. You will be told that this should come naturally to a mom. I will refuse to eat. Refuse to the extent that I will nearly starve to death. You will work with the doctors to get me to drink a higher calorie formula. You will spend hours using an eyedropper to get extra calories into me. You will drag me to numerous doctors' appointments and weight checks. You will strive for even one ounce weight gains. You will wince as you look at my rib cage. Your mother will tell you later that, during this time, she thought I was going to die. When you think you can take no more I will stop breathing. They will tell you it was from aspirating on formula. You will not sleep for months, unless Daddy is watching me. You will question why God would make it so hard for you to have me and then make me so sick. You will feel guilty for questioning God and will be thankful I am here. You will try not to live in fear of what could have happened to me. You will watch me sleep every night, taking comfort in my rhythmic breaths.

It will take you hours to get me ready to do anything. You will have to schedule around my feedings, holding me upright and my numerous medication doses. You will start putting a towel in my car seat and one on my lap. You will wonder if you can teach a 6 week old to hurl into a bucket. You will carry bags of extra clothing, medicine, special snacks and wipes for me, with even more left in the car for any contingency. You will constantly wonder what you are doing wrong. No one you know will have a baby who behaves like me.

You will find out who your real friends are... You will know them by the fact that they know almost as much about my GERD as you do. You will also find that not everyone is supportive and many will never understand. You will want to explain it to them but you will not have slept in so long that you won't have the energy. You will be given the sigh, finger wag or an eye roll for missing family functions or "forsaking the assembly." You will decide it isn't worth doing anything with those people when you barely have the energy for your "life" with me. You will wonder what happened to compassion but you will know in your heart those who really care about me.

You will feel guilty and self indulgent for feeling sorry for yourself and for me when other people are dealing with much worse. You will silently pursue more appointments, perhaps a specialist.

You will finally, with the help of my doctors, find the right combination of medicines for me and I will begin to thrive. You will see my real personality and a long overdue smile. You will see the light at the end of the tunnel. You will help me through flare ups and will surround yourself with people who will support you. You will find a church family who will pray for me as often as you do.

You will have an appreciation for my life that only comes from dealing with the rough times. You will know that every day of my life is a gift from God. You will have compassion for people who are in pain and yet "look fine." You will have an extreme amount of compassion for sick children.

You will talk with new moms who are dealing with GERD. You will not want them to feel alone like you did. You will not want them to deal with this disease in an unsupportive environment. You will tell them all your mistakes and everything that worked for me. You will tell them you felt the same way because you did. You will pray for their child with them. When I am older you will ask me to pray for the children with GERD too. You will feel blessed.

Love, Your GERD baby
(Continued from page 1)

Technically, an allergy is any reaction that involves the immune system. But the standard of practice in medicine is to use a much narrower definition of the word allergy. Therefore, in order to truly understand the breadth of allergic reactions, it is necessary to define some of the underlying mechanisms involved in allergies.

**Conventional IgE Allergies**

Classic food allergies are the result of an IgE (immunoglobulin E) reaction to a food. IgE is a type of antibody produced by the immune system. When the immune system is attacking a food, it may produce IgE antibodies. IgE antibody reactions are the kind of reactions that are involved in hives and other conventional allergic reactions, but they can also cause reflux.

Many people are familiar with skin testing for allergies. Skin testing is the traditional type of food allergy testing. IgE reactions are the type of reactions that are being looked for when skin allergy testing is performed. Skin tests, however, only assess whether or not the skin will react to something. They do not necessarily represent IgE levels in the blood, and they do not reflect other types of immune reactions, such as those more commonly found to cause reflux.

Some physicians are now using blood tests to measure IgE antibodies. This can be a bit more useful, but most cases of reflux are not caused by an IgE reaction to food. Therefore the food allergy will not show up on skin tests or on blood tests for IgE antibodies. Unfortunately, these tests will generally not be helpful in determining the cause of your child’s reflux.

**Other Types of Food Allergy**

As noted above, an allergy is any reaction that involves the immune system. And IgE antibody reactions are only one type of immune response to food. A majority of immune responses to food involve IgG reactions.

For example, let’s consider a gluten intolerance. Just to confuse you, the standard of practice in medicine is to call this an intolerance. However, it is an immune reaction, and it definitely involves an immune reaction against gluten, which is a protein in wheat and many other grains.

A gluten intolerance does not show up on skin tests or on IgE blood tests. But it does show up on blood tests for IgG antibodies. And yes, studies have clearly shown that these reactions to gluten can cause reflux.

As you can see, the use of the words “allergy” and “intolerance” can be very confusing. But to help clarify the picture a little, consider dairy.

Most people assume that a reaction to dairy is a lactose intolerance. Lactose is a sugar found in dairy products. A lactose intolerance is the result of an enzyme deficiency that causes an inability to digest lactose. This is not an allergy because it does not involve the immune system. However, a lactose intolerance can cause symptoms like gas, bloating, and loose stools. A lactose intolerance is not usually associated with reflux, while dairy allergy often is. Therefore, avoiding lactose but still ingesting dairy may not be enough to resolve reflux caused by a dairy allergy.

As a result, many people discover that in order to resolve reflux, all dairy must be avoided, not just lactose. Many studies have shown this as well. This is due to an all too common immune reaction to dairy. This reaction will usually show up on blood tests as an IgG antibody reaction to cow’s milk.

It is interesting that we assume that milk from a cow is vitally important to our health. It doesn’t make much sense when you think of it that way, and it doesn’t make any sense when you look at it scientifically. We didn’t evolve drinking milk from a cow, and there is no evidence to support claims that we need milk in order to be healthy. The reason we believe this is the convergence of two powerful things. First, we really like the taste of things made from dairy. And second, the dairy industry has created one of the most effective marketing campaigns in our history on the premise that dairy contains nutrients that we know are important for our health. It’s the perfect storm. We want dairy, and we think it’s extremely good for us. The big misconception is that you can’t get those nutrients anywhere else. In fact you can, and humans have done so for eons. Ironically, if you are allergic to dairy then you probably aren’t getting much of the nutritional value from it anyway.
Dairy is usually the first non-breast-milk food introduced into the human diet, and is unfortunately the most likely to cause health problems, including reflux. What is even more interesting is that when you run IgG food allergy tests you frequently find reactions to dairy in reflux patients. And even more importantly, when you take them off dairy they get better.

However, it’s not just a dairy allergy that can cause reflux. As we already discussed, gluten intolerance is also known to trigger reflux. (Note that reflux can be the only presenting symptom of celiac disease, the most researched form of gluten intolerance. But also note that you do not have to have celiac disease to be gluten intolerant.) In fact, any food can potentially trigger reflux. And the right kind of testing will point to the relevant food(s). But there are certain foods that come up more often than others as allergens. The top four food allergies that result in reflux are:

- Dairy
- Egg
- Soy
- Gluten

But remember, it’s not the food that is the real problem. The real issue is how your body is reacting to that food rather than anything inherently bad in the food itself.

### Challenges in Adjusting The Diet

Testing is extremely helpful in narrowing down your food allergy(s), but the proper testing isn’t always available, and not always necessary. One potential way around testing is to eliminate a food from the diet in order to determine whether or not it is causing a reaction. However, this is often easier said than done, even if you know exactly which food to avoid.

Let’s say for example that you know or suspect that your child has a dairy allergy. The first thing that you eliminate is milk. But this is only the most obvious source of dairy in the diet. Dairy comes in many forms. Cheese, ice cream, and yogurt are equally important triggers. So are whey and casein, two important dairy components used in many processed foods. Even butter is still dairy. In reality, you must know all of these things and then read the ingredients on everything ingested. Dairy products are in bread products, in chocolate, and in lots of other unsuspecting foods.

It’s a challenge, and it’s an unfortunate fact of our current food culture. Even though you may want the last ingredient on the list to be irrelevant or think that it won’t affect your child doesn’t mean that it won’t cause a problem. The immune system is designed to be an excellent detector of these things, and they aren’t nearly as hidden from our immune system as they are from our eyes by the small print on labels.

Once you’ve thoroughly eliminated a food from the diet it may take a few weeks for the damage to fully heal and for the symptoms to completely resolve. This can make it very difficult to assess the potential success of an elimination diet without the benefit of good food allergy testing. That doesn’t mean that it shouldn’t be tried, but these issues need to be kept in mind.

### Baby Formulas

Baby formula is another challenge. There are many formulas and they make many claims. But it is much more difficult than it first appears to find a truly nonallergenic formula.

Standard formulas such as Regular Similac Advance, Enfamil Lipil, and Nestle Good Start Supreme contain both lactose and cow’s milk proteins. Then there are lactose free formulas, such as Lactofree and Similac Lactose free. These will help an infant with a lactose intolerance, but they still contain dairy proteins such as casein and are not appropriate for infants with a dairy allergy.

On the surface it might appear that the best option for many babies would be one of the hypoallergenic formulas. Two of the most common are Similac’s Alimentum and Enfamil’s Pregestimil Lipil hypoallergenic formulas. But both contain dairy in the form of casein, and they also contain soy and corn. The dairy is enzymatically broken down, making it easier to digest. However, these formulas are certainly not hypoallergenic if you have a dairy, soy or corn allergy. Interestingly, there is no standardized definition for the word “hypoallergenic,” a term coined by advertisers. And there is no regulation specifically defining or governing the use of the term “hypoallergenic.”
Two formulas that are truly dairy free are Neocate and EleCare. However, they still contain soy and corn components. They may be the best options for infants who react to dairy.

**Infants and Reflux**

What about infants who are not on a formula and only breast feed? How can food allergies trigger their reflux? Breast milk contains proteins from the foods that the mother is eating. It also contains antibodies. We usually think of this as a good thing, but if the mother has an immune reaction to a food and she continues to eat that food, then she is passing those antibodies on to the infant. Therefore infants can be reacting directly to the food proteins that are passing through the breast milk, or they can react to the antibodies that they are receiving from mom.

The mother may not notice any symptoms from her food allergy, and she need not experience reflux. The potential list of problems which a food allergy can cause are far too numerous to list here, but include fatigue, digestive problems, headaches, heartburn, and skin problems. In such cases the mother is the one who should be tested for food allergies. Then she can alter her diet in order to benefit her infant.

**Summary**

The current medical approach to reflux is primarily one of attempting to treat the symptom without an understanding of the cause. This is unfortunately the case with many health problems, not just reflux. Using acid blockers in infants and children is merely a patch, if it works at all. And when it does resolve the reflux, the underlying problem remains.

Even if the child ultimately grows out of the symptom of reflux it does not mean that they grow out of the food allergy. As is the case with most food allergies, the immune system is still responding to the food, and a subsequent inflammatory response is still occurring.

Every health problem has a logical cause, including reflux. Sorting out that cause should be the primary focus of the health care community. Many people have discovered that reflux is often due to an immune response to a food or a group of foods. It may be difficult to find the kind of medical support that you need in order to help sort this out, but don’t give up. You may need to be your own advocate, and you may need to do a lot of work on your own, but don’t underestimate your ability to promote and change the health of your children.

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**References:**


Heine RG. Gastroesophageal reflux disease, colic and constipation in infants with food allergy. Current Opinion in Allergy and Clinical Immunology. 2006 Jun;6(3):220-5. Review.


Semeniuk J, Kaczmarski M. 24-hour esophageal pH monitoring in children with pathological acid gastroesophageal reflux: primary and secondary to food allergy. Part II. Intraesophageal pH values in proximal channel; preliminary study and control studies--after 1, 2, 4 and 9 years of clinical observation as well as dietary and pharmacological treatment. Advances in Medical Science, 2007;52:206-12.


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