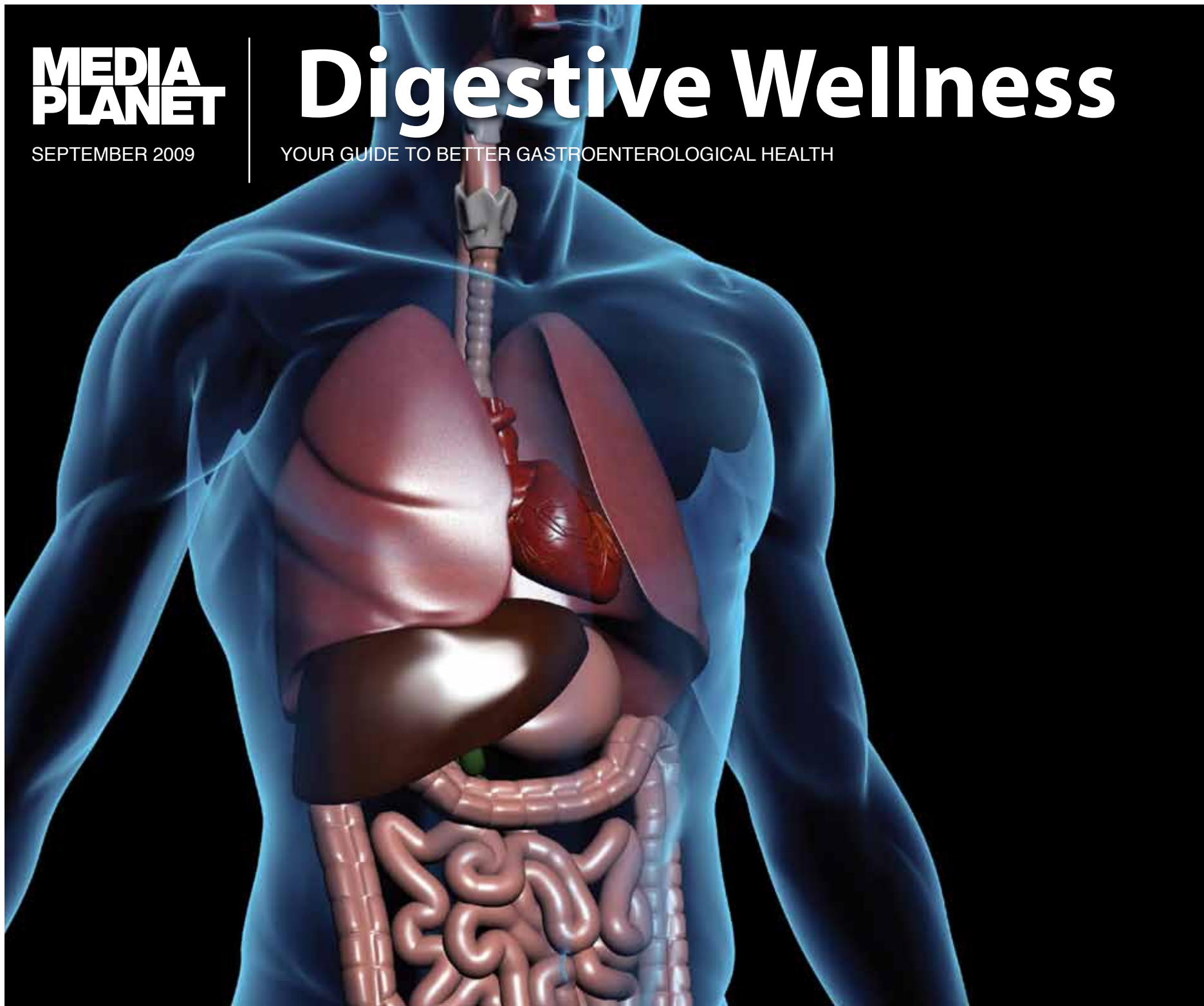


**MEDIA
PLANET**

SEPTEMBER 2009

Digestive Wellness

YOUR GUIDE TO BETTER GASTROENTEROLOGICAL HEALTH



Get Reflux Relief. *Very Clickly.*



TREATING CAUSES NOT SYMPTOMS

www.refluxdefense.com



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MEDIA PLANET

DIGESTIVE WELLNESS

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This section was written by Mediaplanet and did not involve USA Today News or Editorial Departments.

www.mediaplanet.com

Digestive Wellness Means Overall Wellness

Most Americans treat digestive issues as a joke or something trivial. We laughed when the doctor said our infant daughter had acid reflux. But we quickly found out that reflux can have very serious consequences and causes a lot of pain.

For the first year, our daughter never slept, cried all the time and didn't eat because it hurt. Adults who have their first attack of acid reflux sometimes call an ambulance because the pain can feel exactly like a heart attack. (If you have ANY type of chest pain, dial 911.)

There are about 60 million adults and 7 million children in the US who suffer significant acid reflux. About 45 million say it affects their sleep. And it puts a \$12.6 billion dent in the productivity of workers in the US.

Everybody knows that acid reflux causes heartburn—a burning sensation in the esophagus. But did you know the acid can also get into your lungs, ears or sinuses where it can cause infections and pain? The acid can even damage tooth enamel.

About 3 million Americans have

precancerous cells in the esophagus and 7,000 will develop cancer this year. Just because acid reflux is invisible, doesn't mean you can ignore it.

I also made the assumption that acid reflux is simple to treat—after all, there are dozens of medicines to choose from. Yet millions rush to each new heartburn treatment that comes on the market hoping for relief.

At www.reflux.org we interact with thousands of patients every month. We compare notes and learn from each other. We believe understanding acid reflux helps you work with your doctor and improve your health.

I learned from other patients what you can do at home to reduce your acid reflux. Eat six small meals per day. Eat slowly and chew well. Drink liquids between meals. Don't lean over or lie down on a full stomach.

Avoid alcohol and tobacco. Watch your waist line. Take it easy on spicy, acidic and gassy foods. Raise the head of your bed.

Fifteen years ago, our members started talking about having “allergic reflux,” “inherited reflux” or the “slow stomach emptying form of reflux.” This was a novel concept at the time. It also explained why researchers who studied acid reflux treatments would often find that a particular treatment worked very well for some patients but didn't help at all for others. Were they looking at a single disease or were they comparing apples and aardvarks?

We are very pleased that new research is showing acid reflux has several causes. One form of allergic reflux has been renamed Eosinophilic Esophagitis (EoE). Slow gastric emptying is now considered a separate condition that can be treated with a gastric pacemaker. A team of researchers has mapped a gene for hereditary acid reflux. Geneticists can predict who might need a higher dose of medicine. And researchers



are decoding the chemical signals used by the digestive system.

Several new treatments are here and more are on the way. Talk to your doctor.

Meanwhile, educate yourself at www.reflux.org or our Spanish site at www.reflujoenninos.org. Our trained volunteers can help you make a list of questions to take to your doctor.

Be Healthy!

Beth Pulsifer-Anderson

Director of the Pediatric Adolescent Gastroesophageal Reflux Association and www.reflux.org; Author of The Reflux Book, A Parent's Guide to Gastroesophageal Reflux; Mother of two children with reflux



A recognized leader in the treatment of gastrointestinal (GI) diseases, the University of Maryland Digestive Diseases Center provides the latest medical and surgical treatment options, as well as innovative screening and diagnostic technologies. Our patient-centered approach ensures that all patients receive a thorough and comprehensive evaluation, treatment and follow-up care.

Having Trouble Eating and Swallowing?

Eosinophilic Esophagitis (EoE) is an emerging allergic inflammatory condition of the esophagus that may cause symptoms similar to Gastroesophageal Reflux Disease (GERD) but does not respond to traditional GERD medications.

EoE symptoms include:

- Heartburn
- Diminished or no appetite
- Abdominal pain
- Difficulty swallowing
- Frequent vomiting or nausea
- Food getting stuck in the esophagus

There is no FDA-approved drug to treat patients with EoE. Meritage Pharma, Inc. is studying an investigational medicine to treat EoE in The PEER Study (Pediatric Eosinophilic Esophagitis Research Study) in children and adolescents 2-18 years of age.



To learn more, please visit:

www.ThePEERStudy.org

What heals me?
A beautiful afternoon.
Time with friends.
And, for acid reflux damage, My NEXIUM.



Ask your doctor about NEXIUM, the Healing Purple Pill.

If you suffer from persistent heartburn 2 or more days a week, despite treatment and changing your diet, it may be acid reflux disease. The rising stomach acid causing heartburn pain can, over time, erode (wear away) the lining of the esophagus. About 1 in 3 people with acid reflux disease may have this condition, known as **erosive esophagitis**, which can only be diagnosed by your doctor.

One prescription NEXIUM pill a day, along with diet and lifestyle changes, can provide 24-hour heartburn relief. And for many, NEXIUM can help heal erosions in the esophagus. Most erosions heal in 4 to 8 weeks. Your results with NEXIUM may vary.

If you are without prescription coverage and can't afford your medication, AstraZeneca may be able to help.

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Talk to your doctor about your symptoms and find out if NEXIUM is right for you.

NEXIUM has a low occurrence of side effects, which include headache, diarrhea, and abdominal pain. Symptom relief does not rule out other serious stomach conditions.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please read the important Product Information about NEXIUM on the adjacent page and discuss it with your doctor.

Visit www.purplepill.com or call 1-800-4-NEXIUM.



AstraZeneca 

IMPORTANT INFORMATION ABOUT NEXIUM

Please read this summary carefully and then ask your doctor about NEXIUM. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

WHAT IS NEXIUM?

NEXIUM is a prescription medicine called a proton pump inhibitor (PPI).

NEXIUM is used in adults:

- to treat the symptoms of gastroesophageal reflux disease (GERD). NEXIUM may also be prescribed to heal acid-related damage to the lining of the esophagus (erosive esophagitis), and to help continue this healing.
GERD is a chronic condition (lasts a long time) that occurs when acid from the stomach backs up into the esophagus (food pipe) causing symptoms, such as heartburn, or damage to the lining of the esophagus. Common symptoms include frequent heartburn that will not go away, a sour or bitter taste in the mouth, and difficulty swallowing.
- to reduce the risk of stomach ulcers in some people taking pain medicines called non-steroidal anti-inflammatory drugs (NSAIDs).
- to treat a stomach infection (*Helicobacter pylori*), along with the antibiotics amoxicillin and clarithromycin.
- for the long-term treatment of Zollinger-Ellison Syndrome. Zollinger-Ellison Syndrome is a rare condition in which the stomach produces a more than normal amount of acid.

For children and adolescents 1 to 17 years of age, NEXIUM may be prescribed for short-term treatment of GERD.

NEXIUM has not been shown to be safe and effective in children under the age of 1.

WHO SHOULD NOT TAKE NEXIUM?

Do not take NEXIUM if you:

- are allergic to any of the ingredients in NEXIUM. See the end of this leaflet for a complete list of ingredients in NEXIUM.
- are allergic to any other Proton Pump Inhibitor (PPI) medicine.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING NEXIUM?

Tell your doctor about all your medical conditions, including if you:

- have liver problems
- are pregnant, think you may be pregnant, or are planning to become pregnant.
- are breastfeeding or planning to breastfeed. Talk with your doctor about the best way to feed your baby if you take NEXIUM.

Tell your doctor about all of the medicines you take including prescription and non-prescription drugs, vitamins and herbal supplements. NEXIUM may affect how other medicines work, and other medicines may affect how NEXIUM works. Especially tell your doctor if you take:

- warfarin (COUMADIN®)
- ketoconazole (NIZORAL®)
- voriconazole (VFEND®)
- atazanavir (REYATAZ®)
- nelfinavir (VIRACEPT®)
- saquinavir (FORTOVASE®, INVIRASE®)
- products that contain iron
- digoxin (LANOXIN®, LANOXICAPS®)

HOW SHOULD I TAKE NEXIUM?

- Take NEXIUM exactly as prescribed by your doctor.
- Do not change your dose or stop NEXIUM without talking to your doctor.
- Take NEXIUM at least 1 hour before a meal.
- Swallow NEXIUM capsules whole. Never chew or crush NEXIUM.
- If you have difficulty swallowing NEXIUM capsules, you may open the capsule and empty the contents into a tablespoon of applesauce. Be sure to swallow the applesauce right away. Do not store it for later use.
- If you forget to take a dose of NEXIUM, take it as soon as you remember. If it is almost time for your next dose, do not take the missed dose. Take the next dose on time. Do not take a double dose to make up for a missed dose.
- If you take too much NEXIUM, tell your doctor right away.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NEXIUM?

The most common side effects with NEXIUM may include:

- Headache
- Nausea
- Abdominal pain
- Dry mouth
- Diarrhea
- Gas
- Constipation

Tell your doctor about any side effects that bother you or that do not go away. These are not all the possible side effects with NEXIUM. Talk with your doctor or pharmacist if you have any questions about side effects.

HOW SHOULD I STORE NEXIUM?

- Store NEXIUM at room temperature between 59°F to 86°F (15°C to 30°C).
- Keep the container of NEXIUM closed tightly.

Keep NEXIUM and all medicines out of the reach of children.

GENERAL ADVICE

Medicines are sometimes prescribed for purposes other than those listed in the Patient Information leaflet. Do not use NEXIUM for a condition for which it was not prescribed. Do not give NEXIUM to other people, even if they have the same symptoms you have. It may harm them.

This Patient Information leaflet provides a summary of the most important information about NEXIUM. For more information, ask your doctor. You can ask your doctor or pharmacist for information that is written for healthcare professionals. For more information, go to www.purplepill.com or call toll free 1-800-236-9933.

WHAT ARE THE INGREDIENTS IN NEXIUM?

Active ingredient: esomeprazole magnesium trihydrate

Inactive ingredients in NEXIUM Delayed-Release Capsules (including the capsule shells): glyceryl monostearate 40-55, hydroxypropyl cellulose, hypromellose, magnesium stearate, methacrylic acid copolymer type C, polysorbate 80, sugar spheres, talc, triethyl citrate, gelatin, FD&C Blue #1, FD&C Red #40, D&C Red #28, titanium dioxide, shellac, ethyl alcohol, isopropyl alcohol, n-butyl alcohol, propylene glycol, sodium hydroxide, polyvinyl pyrrolidone, and D&C Yellow #10.

Inactive granules in NEXIUM Delayed-Release Oral Suspension: dextrose, xanthan gum, crospovidone, citric acid, iron oxide, and hydroxypropyl cellulose.

NOTE: This summary provides important information about NEXIUM. For more information, please ask your health care professional or doctor about the full prescribing information and discuss it with him or her.

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(esomeprazole magnesium)

AstraZeneca 

Are You Choking While Eating?

Patients who have trouble swallowing or suddenly choke on food that becomes lodged in their throats are frequently told they have an allergy or a mysterious disease. But as more doctors become familiar with a relatively newly-identified disorder, more of those patients are finding relief.

The disorder is called Eosinophilic Esophagitis, or EoE, and stems from a sensitivity to a certain food. The throat swells up, making swallowing difficult and choking a real possibility.

"There can be a very long lag time in getting a diagnosis for this," says Dr. Seema Aceves, M.D., Rady Children's Hospital, San Diego. "The symptoms can look just like reflux, especially in children."

Symptoms flare up when specific allergic cells in the esophagus are aggravated, usually by food. But in most cases, the allergy flares hours or even days after the food is consumed, and traditional tests used to pinpoint food sensitivity are not useful in pinpointing the trigger.

"Finding the allergen is very difficult," says Aceves. "This is not the person who eats a peanut and

breaks into hives. This is very slow and has very local symptoms." As a result, most EoE patients are put on strict elimination diets to see what might help stop the choking and alleviate swallowing difficulty that can become debilitating.

There are no FDA approved therapies for EoE; Aceves explains that the disorder wasn't identified until 1978 and little research has been done on it since. But several therapies are being tested in clinical trials and, if effective, should be on the market in the next few years.

"If you ask a patient, they'll tell you some days are worse than others," she says. "It's not a classic type of allergy. Some people can get scarring of the esophagus, called stricture, and at that point the esophagus becomes very narrow and you have to go in and dilate it again."

ADVERTORIAL

Natural Treatments

TJL Enterprises is a pioneer in the natural treatment of GERD and reflux. Their natural homeopathic formulation is ColicCalm™, with a success rate of over 90% in treating the related conditions of colic, reflux and gas in over 100,000 infants. ColicCalm has proven a huge hit with parents whose screaming babies usually experience relief within 5 minutes. For adults, the Reflux Defense System™ (RDS) provides natural remediation of reflux and GERD. In most cases, reflux is only a symptom of underlying digestive problems in-

cluding bacterial or fungal infection, neurological impairment, obesity, stress, bad posture, enzyme insufficiency or hypochloridia. Conventional acid suppression drugs like proton pump inhibitors and antacids simply mask symptoms, neglecting the underlying causes of reflux. RDS is a systematic approach that ascertains the body's areas of weakness and targets the causes directly with natural remedies, dietary supplements, exercises and diet. For more information please visit ColicCalm.com and RefluxDefense.com.

GERD: A Life-Altering Affliction

Many people know that frequent heartburn is the most common sign of gastroesophageal reflux disease, or GERD. Many know that GERD can lead to severe complications if left untreated. There are many lesser-known symptoms that don't make the headlines and should be checked out.

Among the lesser-known but frequent symptoms of GERD is persistent or frequent hiccups. Sore throat, trouble swallowing or a feeling that food is trapped behind the breastbone, discomfort in the upper abdomen, or nausea after eating are all other symptoms of GERD that should be checked out by a physician.

"People tend to trivialize GERD," says Dr. David Johnson, M.D., professor of medicine and chief of gastroenterology at Eastern Virginia Medical

School. "But it has a significant impact on the daily life of many patients."

That's because GERD tends to have its most severe symptoms while people are sleeping, with heartburn or a choking sensation awakening them. And some patients don't remember waking up, but are exhausted much of the time because their sleep is constantly disrupted.

"About 80 percent of GERD patients have some kind of nighttime symptoms," says Johnson, "And those are just the ones that get reported by the

patients or their spouses and partners. Sleep is amnesic in some cases and there can be a little bit of normal memory lapse. So the patient has no idea they've been awakened."

Patients who suspect GERD should see a physician for an evaluation, says Johnson, even if over the counter drugs seem to alleviate symptoms. "If someone's having heartburn during the day, they're probably having episodes overnight as well," he says. "They need a more appropriate treatment, and they should see a doctor to help guide them to the appropriate level of therapy."

"Reflux, to some degree, is a normal fact of life," says Dr. Adrian Park, University of Maryland School of Medicine and University of Maryland Medical Center. "When the severity of reflux increases, it becomes a disorder or disease."



He thinks the peppers are disagreeing with him.

* * *

What he doesn't know is that what he believes is indigestion is really a paraesophageal hiatal hernia, a very rare form of hernia. He doesn't know that in 2 months he'll receive laparoscopic surgery at the University of Maryland Medical Center, or that 2 days later he'll be home.

Looking forward to having peppers.

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Panel of Experts



ADRIAN PARK, MD, FRCS (C), FACS
Campbell and Jeanette Plugge Professor of Surgery, University of Maryland School of Medicine; Vice Chair, Department of Surgery; Head, Division of General Surgery, University of Maryland Medical Center

"We don't have any colored ribbon to go with reflux and there's no one rallying around a cause for it," says Dr. Adrian Park, University of Maryland School of Medicine and University of Maryland Medical Center. "But when you look at a lot of life and health-related quality of life issues, reflux, which is the most common of the chronic GI disorders, has a profound and pervasive impact on people's lives."

Despite its relative lack of public attention, Dr. Park says reflux is a huge issue for those who suffer with it, affecting everything from their sleep to the way they enjoy their meals, and that surgery to correct it is truly life-altering.

Park says that most of his patients come to him because they've aspirated or choked in their sleep, and that moment is terrifying. They've toughed out the heartburn and the sleep interruption up to that point he says, but waking up choking tends to be the moment that sends them to a specialist for help.

"Folks get scared at that moment," he says. "They wake up at night choking and coughing and they're really scared they might choke to death."



JAMIE A KOUFMAN, MD, FACS
Founder and Director, Voice Institute of New York

Dr. Jamie Koufman frequently sees high-profile patients, from rock stars to politicians, who come to her because they've lost their voice and it's not coming back. In more cases than not, she says, she finds they have silent reflux.

"I was the first laryngologist in the country," she says. "I had a laser and was doing cutting-edge surgery. I've been doing laryngology exclusively since 1991, and around that time, I started seeing patients who had reflux without heartburn or the usual symptoms. That was distressing."

Koufman coined the term "silent reflux," to describe the condition and says she now sees several cases a week in her New York office.

Despite its lack of pain, she says silent reflux can be life altering, just as its cousin, GERD. "I see people who say, 'You're the 17th doctor I've seen and I've been coughing for 22 years.' They have the surgery and it's life-altering. They cough for more than 20 years, have the surgery, and they get better. It's amazing."

Koufman has no doubt that she's changing people's lives with her work on silent reflux. "It's the most important disease in the world that's underdiagnosed and untreated," she says.



RAYMOND CROSS, MD, MS
Assistant Professor of Medicine, Division of Gastroenterology and Hepatology; Director, Inflammatory Bowel Disease Program, University of Maryland School of Medicine

Dr. Raymond Cross says that lumping IBD (inflammatory bowel disease) in with other gastrointestinal disorders isn't a fair pairing.

"It's like saying that apples and oranges are fruit," he says. "It's a very broad category. If a doctor says you have IBD, you have one of three types of disease, and they can be vastly different."

While many patients associate IBD disorders with stomach pain, digestive problems, and rectal bleeding, Dr. Cross says it can actually present itself in ways few people think of. These include eye problems, canker sores, arthritis or joint pain, skin disorders, blood clots, and osteoporosis.

"IBD is often confused with IBS," he says. "IBD is a functional bowel disorder that occurs more in young women than other groups." And some of the symptoms are different, from weight loss and incontinence to nighttime waking to use the toilet. "If you don't meet the diagnostic criteria for IBS, diagnostic testing is indicated," he says. "It's very common for young women to have symptoms for years preceding their diagnosis of Crohn's or ulcerative colitis, because they were told they had IBS."



DAVID JOHNSON, MD
Professor of Medicine; Chief of Gastroenterology, Eastern Virginia Medical School; Past President, American College of Gastroenterology

For Dr. David Johnson, the way nighttime GERD patients feel during the day is just as important as the actual symptoms they're feeling at night.

"The impact on sleep is a key area for physicians to understand," he says. "You need to talk about the patients' next-day function. Recent data suggests that 53 percent of the population has some problem with sleep on a weekly basis. Twenty to 40 percent have some episode of heartburn monthly, and 20 percent feel it weekly. There has got to be a tremendous overlap there."

That's why, he says, doctors should ask patients about their overall feeling of wellness and tiredness.

"Ask them how they feel when they get up in the morning," he says. "Ask if they have problems with concentration during the day, or memory lapses. These are all signs of sleep deprivation and something most reflux patients say they recognize."

He says getting to the root of reflux can help people feel better and perform better at work. "Most people don't take the day off after a bad night's sleep," he says. "They go to work and they don't perform as well as they could because they don't feel well."

A Honey of a Fight

BY: ELAINE KLEINER, CEO MANUKA HONEY USA

Active Manuka Honey UMF 16+ often surpasses the effectiveness of today's modern antibiotics. This medicinal honey from New Zealand may offer consumers a true natural and beneficial alternative to over-prescribed antibiotics, antacids and other over-the-counter products designed to help with acid reflux and

heartburn symptoms. As always, please consult a physician before trying a new treatment—even a natural one!

Internally: Active Manuka Honey UMF 16+ is used for gastro-intestinal disorders, such as acid reflux, esophageal ulcer, heartburn, upset stomach, stomach ulcer, H. Pylori (helicobacter pylori), gastritis, duodenal ulcer, diverticulitis,

ulcerative colitis, and irritable bowel syndrome (IBS).

Externally: Active Manuka Honey UMF 16+ is used for wound care in 1st, 2nd, 3rd degree burns, wounds, ulcers, sore, surgical scars, diabetic leg and foot ulcers, bed sores also called pressure sores or decubitus wounds, methicillin-resistant staph aureus infected

wounds, amputee wounds and post-operative scar healing including reconstructive and elective cosmetic surgery.

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ADVERTORIAL

Listen To Your Gut

It seems easy to pop an over-the-counter pill for occasional heartburn or diarrhea. But beware—ignoring symptoms of digestive disorders can lead to serious health problems.

“Ignoring symptoms of GERD can result in increased acid exposure in the esophagus,” says Detroit gastroenterologist Dr. Amit Bhan, MD. “This may lead to injury to the esophageal lining, or occasionally narrowing of the esophagus which may lead to symptoms such as difficulty swallowing. In addition, ulcerations or erosions due to reflux may lead to upper gastrointestinal bleeding.”

That’s not the worst of it: ignoring GERD for long enough can lead to a condition called Barrett’s Esophagus (BE), which is essentially a transformation of the cells of the lower esophagus

into intestinal cells, also known as intestinal metaplasia. Patients with Barrett’s may not experience pain, so symptoms may be masked. People with BE have a higher risk of developing esophageal cancer.

Ignoring symptoms such as bloody stools, diarrhea, cramping, fever, and abdominal pain can lead to a delay in the diagnosis of inflammatory bowel disease (Crohn’s or Ulcerative Colitis). The complications of inflammatory bowel disease can include bowel obstructions, bleeding, anemia, fistulas (abnormal connections in the intestines), and weight loss. Those same symptoms may also indicate colon

cancer, which can spread if not evaluated and treated. Crohn’s disease, in fact, can involve the whole digestive tract, from the mouth to the anus,” says Dr. Bhan.

“It is not uncommon for patients to ignore rectal bleeding because they occasionally attribute this to hemorrhoids. Once evaluation is performed, colitis or cancer may be found. We occasionally see younger patients who present with rectal bleeding and are ultimately diagnosed with large polyps, cancer or inflammatory bowel disease.”

“...symptoms may also indicate colon cancer, which can spread if not evaluated and treated. Crohn’s disease, in fact, can involve the whole digestive tract...”

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News In Brief

Adding Fiber Can Work Miracles

Eating natural, whole foods can be instrumental in alleviating symptoms of a wide range of digestive disorders. But experts say that adding fiber can help the whole body perform—and feel—better.

“Diet is the first-line strategy when it comes to fiber,” says dietician Pat Baird, M.A., R.D., F.A.D.A. “That means more fruits, vegetables, cereals, and grains. The bonus is that these foods also provide vitamins, minerals, and antioxidants.”

While most Americans consume bits of fiber in their daily diets even without thinking about it, very few get all they need.

“Most people consume about 20 grams of fiber,” says Baird. “That’s a far cry from the recommended amount of 32 grams per day for adults.”

And when diet doesn’t do the trick, a supplement often can help.

“Natural fibers, like psyllium (found in Metamucil) are a good way to boost intake and provide additional health benefits like lowering bad cholesterol,” she says.

ADVERTORIAL

Heartburn Remedy

Adele Camens, MedSlant™ owner, went to the doctor with laryngitis and returned with a GERD diagnosis. Unable to find the prescribed long wedge pillow, she invented one.

Ten Years later, torso length MedSlant™ is the drug free way to turn the nightmare of heartburn, snoring, and more into a good night’s sleep. Sixty million Americans suffer. And their partners suffer too.

Torso length support keeps acid down and airways open, creating heartburn free, snoreless sleep—drug free—a dream come true. MedSlant™ works.

Folding into a zippered, handled bag, MedSlant’s™ patented design is sturdy, hypoallergenic foam with a washable, removable over, extra pillowcase.

Customer Elizabeth Martin says, “My husband snores and has GERD... his first night on MedSlant™ I woke up numerous times to make sure he was breathing. It was quiet. Too quiet. He didn’t cough or snore once, nor has he since. Instant relief!”

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healthier
more comfortable
night’s sleep



Self Magazine says “Sleep better tonite...an easy fix for acid reflux.”

MedSlant’s folding wedge pillow provides drug free relief from heartburn, acid reflux, GERD, congestion, snoring. Torso length, MedSlant supports the head, shoulders, and chest; gravity keeps acid down and airways open providing a healthier, more comfortable night’s sleep.



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When It's Not Colic

Constant Crying by an Infant May Point to Pediatric GERD

The baby cries. All. The. Time. He screams and claws at his mom's chest and seems to want his bottle but then shoves it away. And he vomits. Oh my gosh, the vomiting.

What gives? It may be pediatric reflux disease, and while some spitting up and crying jags are normal, a child who does either for more than a few hours per day should probably be evaluated for pediatric GERD.

The condition is very common, says Beth Anderson, who heads up the Pediatric/Adolescent Gastroesophageal Reflux association (PAGER). "In 1992, a doctor told us that the dis-

ease was so rare that a support group would never get off the ground—now our site takes 2.5 million hits per month. The disease was believed to affect about 1 in 200,000. The true number is more like 1 in 20," she says.

Pediatric reflux symptoms can range from constant spitting up or vomiting with screaming, to bad breath, frequent hiccups, refusing food, poor weight gain, and trouble swallowing; but there are a host of other symptoms that can point to the

condition. Anderson says its effects go far beyond the baby who has it.

"Reflux is extremely stressful on the whole family," she says. "The sound of a baby crying is one of the most stressful noises to human ears. We have police officers and pediatricians who were shocked at how hard it is to take care of a baby who is fussy for hours on end. We partner with child abuse prevention organizations—we try to calm the babies down and they try to calm the parents down. One family had the grandparents move in to help and they lasted a week before they hired a full time nanny for the baby."

Silent Reflux

They call it reflux, but patients don't experience the traditional heartburn pain or feel themselves regurgitating in their throats. Silent reflux can have a huge affect on people's lives.

"People can be refluxing all day and coughing from silent reflux without having obvious trouble in the esophagus," says Dr. Jamie Koufman, founder and director of the Voice Institute of New York and the first person to christen the disorder as laryngopharyngeal or silent reflux. "GERD patients reflux while they sleep. Silent reflux patients reflux during the day."

Symptoms can involve hoarseness, sore throat, chronic throat clearing, mucus in the throat, difficulty swallowing, chronic cough, allergy/sinus symptoms, and asthma. Patients reflux but since they're generally

upright, the fluid doesn't stay in their throat. Instead, little bits travel up the throat and back down, gradually eroding the esophagus.

"Silent reflux is the single most common cause of hoarseness," she says. Symptoms can get worse through consumption of processed foods (added to retard bacteria formation) and drinks. "We think it's gotten so much more prevalent because of the amount of acid in our everyday diets," she says.

Koufman advises patients to see a gastroenterologist if they've been hoarse for more than a few days or have had a cough for more than a month.

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Are You What You Eat?

Those who suffer from heartburn know it's nothing to be taken lightly, with excruciating upper-body pain that can be easy to mistake for a heart attack. The same is true for those who suffer from the abdominal pain and other symptoms of Crohn's Disease or IBS; symptoms can be life-altering, essentially trapping people in their homes.

Some symptoms, however, can be relatively easy to keep in check with dietary and lifestyle choices.

"The rule of thumb is that going back to a more natural diet is going to help alleviate any digestive disorder symptoms," says San Diego nutritionist Tara Coleman. "Things in their natural form have everything they need to be digested. Think of an apple with its skin: it has soluble fiber, insoluble fiber, sugars, and enzymes. But apple sauce or apple juice have had a lot of their natural properties taken out, and they're more burdensome on your body."

Sticking with whole foods in their natural states can play a huge role in feeling better for those with digestive disorders, says Coleman. She recommends patients keep a food log, recording how they feel before

eating, what they're eating, and how they feel afterwards.

"Figure out what works for you," she says. "No one approach fits everyone." For the most part, she recommends avoiding overly processed foods that include a lot of white flour, processed sugars, and chemicals. Those foods are difficult for the body to handle.

"With a lot of disorders, you get toxins building up in your body and sitting there because you're constipated," she says. "IBS or other diseases that cause diarrhea mean that your body is not absorbing the nutrients from what you're eating. And the drugs you can go on typically aren't fixing the problem. They're masking the symptoms. If you want to get to the root cause, nine times out of ten, you need to focus on your diet."

A Digestive Disorder Umbrella: IBD Can Mean Any Number of Conditions

In recent years, the term "IBD" has started making its way around, confusing patients who think it's a definitive diagnosis. But IBD translates to "Inflammatory Bowel Disease," and is an umbrella term that encompasses three possible conditions.

"IBD is made up of three disorders: ulcerative colitis, Crohn's Disease, and indeterminate colitis," says Dr. Raymond Cross, director of the inflammatory bowel disease program at the University of Maryland School of Medicine. "In 15 percent of cases, we don't have the diagnostic tools to distinguish between ulcerative colitis and Crohn's, so we call it indeterminate."


IBD usually has a trigger, says Dr. Cross. "Patients usually have some

injury where they get an infection, or they take a drug or are exposed to a food that triggers an immune response," he says. If the person has IBD, the body treats that response as if it's a threat, and begins attacking itself.

"Then the second part of the immune system kicks in and keeps the inflammation going," he says. "You get inflammation in the colon and in the large and small intestines, and that's when you get GI symptoms such as abdominal pain and diarrhea."

Patients should see a doctor if they have symptoms that don't clear up in a number of days or weeks, as they would with a common virus or bacteria. "If you suspect IBD, you want to go in and rule it out," says Dr. Cross. "You can expect some bloodwork and a referral to a gastroenterologist, perhaps with a colonoscopy and sometimes with an X-ray to exclude Crohn's."

“...the body treats that response as if it's a threat, and begins attacking itself.”



She thinks it was something she ate.

What she doesn't know is that her symptoms are a result of Crohn's disease. She doesn't know her doctor is going to recommend the University of Maryland Inflammatory Bowel Disease Program, where our multidisciplinary team offers the latest therapies and most advanced treatments. She doesn't know that the combined expertise of gastroenterologists, surgeons, radiologists and nurses, along with the right medications, will help give her the close management she needs to live a normal and productive life.

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An Introduction To IBS

The Irritable Bowel Syndrome Self Help and Support Group is an award-winning online community dedicated to helping everyone who suffers from IBS through patient communication, support, treatment, accurate information and education since 1987.

Irritable Bowel Syndrome is a functional bowel disorder of the gastrointestinal (GI) tract characterized by recurrent abdominal pain and discomfort accompanied by alterations in bowel function, diarrhea, constipation or a combination of both, typically over months or years. A diagnosis of Irritable Bowel Syndrome has been reported by 10 to 20 percent of adults in the United States, and symptoms of IBS are responsible for over 3 million yearly visits to physicians. Research suggests that Irritable Bowel Syndrome is one of the most common functional GI disorders.

Irritable Bowel Syndrome is found predominantly in women, with females representing over 70 percent of IBS sufferers. Physicians rely on a variety of procedures and laboratory tests to confirm a diagnosis. The Rome III Criteria; however, now defines markers which allows professionals to diagnose IBS after a careful examination of a sufferer's medical history and physical abdominal examination. Only a physician can make a correct diagnosis of IBS because the symptoms can often be confused with other diseases. The cause of IBS has not yet been found. IBS is a non-life

threatening chronic illness. It does not progress or increase your risk of developing Inflammatory Bowel Disease (IBD) or Cancer. Treatment focuses on the relief of symptoms so you can live your life as normally as possible. Treatment may be different for those suffering from mild, moderate or severe symptoms. Diet and lifestyle are the focus of treatment for a mild illness; whereas over-the-counter medications and supplements along with prescription medications are considered for moderate and severe sufferers. There is research evidence that IBS symptoms respond favorably to other therapeutic approaches such as cognitive behavioral therapy (CBT) and hypnosis. Probiotics (good bacteria) which contain the strain bifidobacterium infantis 35624, have been shown to relieve abdominal pain, bloating, urgency,

constipation or diarrhea. The loneliness that IBS imposes as well as the symptoms of pain, diarrhea and constipation can have a dramatic impact on a sufferer's quality of life (QOL). Many people are confused about what they should or should not eat although diet is not thought to play a direct role in symptoms. While there may not be a cure, it is encouraging that research is being conducted which one day might uncover the cause of IBS. Once a cause is found, a true cure (or at least a method to cope), is sure to be found.

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Jeffrey Roberts

Jeffrey D. Roberts, MSEd, B.Sc.
President and Founder
IBS Self Help and Support Group
www.ibsgroup.org

A Misdiagnosis

Football player Craig Pinto, kicker for the New Jersey Revolution, remembers being sickly as a child.

“I wasn't really growing, I was always kind of pale and sick to my stomach,” says the 31-year-old. His mother took him to the pediatrician, who diagnosed him with Crohn's Disease and put him on medication. He took the meds for nine years without relief.

Finally, Pinto saw a doctor who performed a blood test and removed gluten from his diet. And immediately, he felt better.

Pinto had Celiac Disease, which is an autoimmune disorder that presents digestive symptoms when the patient consumes gluten, which is found in wheat. Traditionally difficult to diagnose, it's normally found through a very specific blood test that looks for certain antibodies in the blood, and by trying a gluten-free diet.

“This is not an allergy to wheat,” says Dr. Stefano Guandalini, M.D.,

professor of pediatrics and chief of gastroenterology at the University of Chicago Comer Children's Hospital. “The causes of Celiac and the damage gluten causes follows pathways that are completely different from those involved in food allergies.”

People with Celiac suffer symptoms that are often mistaken for other digestive issues: constipation or diarrhea, a swollen stomach, stomach pain, and in children, failure to thrive.

“It's usually diagnosed as IBS,” says Guandalini. Consuming gluten not only presents discomfort to Celiac patients, but can do serious damage to the body.

“Once the patient adopts a gluten-free diet, their health goes back to normal,” says Guandalini. “Even though there is no cure and the condition itself is permanent, the quality of life goes back to normal—100 percent.”

ADVERTORIAL

Celiac Disease

BY: MICHELLE PIETZAK, MD

Celiac disease is one of the most commonly under diagnosed conditions in the United States. Individuals may present to their physicians a variety of symptoms, not only from the gastrointestinal tract, but also in the skin, joints, reproductive and endocrine systems. People often go to several physicians before receiving the correct diagnosis.

What is celiac disease? Unlike a wheat allergy or sensitivity, a person with celiac disease has an immune reaction to specific gluten proteins, which are found in wheat, rye and barley. An individual has to be genetically predisposed to this reaction. There is often an accompanying family history of other “autoimmune” (immune reactions against one's own tissues) diseases, such as type I diabetes, thyroid disease, rheumatoid arthritis and inflammatory bowel

disease. Symptoms of celiac disease can include any of the following: abdominal pain, diarrhea, bloating, constipation, weight loss, anemia, anorexia, joint pain, osteoporosis, skin rashes and even infertility. Children may experience poor weight gain, short stature and delayed puberty. The good news for the majority of celiac patients is, unlike these other autoimmune conditions for which there are no cures, a gluten-free diet results in improvements in symptoms and gut damage without the need for lifelong medications.

How does a person get tested? There are several tests available to screen for celiac disease. Antibodies in the blood to gluten (called anti-gliadin antibodies) and to enzymes in the gut (called anti-endomysial and anti-tissue transglutaminase antibodies) are

excellent initial screening tests. New research shows that genetic testing can stratify risk for celiac disease. The majority of celiac patients have special patterns of HLA (human leukocyte antigens) called DQ2 and DQ8. Positive test results suggest the need for a referral to a gastroenterologist to perform an endoscopy and biopsy of the upper gastrointestinal tract to confirm the condition prior to the initiation of a lifelong gluten free diet.

Michelle Pietzak, MD:
Assistant Professor of Clinical
Pediatrics; University of Southern
California Keck School of Medicine
Dr. Pietzak is a paid consultant of
Prometheus Laboratories Inc.

What is Celiac Disease?

You've heard of Crohn's Disease, Cystic Fibrosis, Multiple Sclerosis and Parkinson's disease. Celiac disease affects more people than all of these disorders *combined*. Celiac Disease affects 1 out of 133. Alarming numbers yet 95 percent of people in the United States with celiac disease go undiagnosed.

Celiac Disease (CD) is one of the most common genetic conditions in the world. CD is unique in that a specific food component, gluten, has been identified as the trigger. Gluten is the common name for proteins found in cereal grains wheat, rye and barley. When an individual with CD eats gluten it sets off an autoimmune reaction against the body's own tissues harming the intestinal lining and impairs the body's absorption of nutrients.

Symptoms can appear at any age from infancy well into senior adulthood in people who are genetically at risk. Gastrointestinal symptoms are

extremely varied and can often mimic other bowel disorders. Because this multi-symptom, multi-system disorder can present in an atypical fashion, too many cases go undiagnosed.

In adults, the disease can be triggered for the first time after surgery, viral infection, severe emotional stress, pregnancy or childbirth. Infants, toddlers and young children may often exhibit growth failure, vomiting, bloated abdomen, behavioral changes and failure to thrive.

Symptoms of Celiac Disease may include one or more of the following:

- Recurring abdominal cramping,

intestinal gas

- Distention and bloating of the stomach
- Chronic diarrhea or constipation (or both)
- Pale, foul-smelling stool
- Anemia – unexplained, due to folic acid, B12 or Iron deficiency (or all)
- Behavior changes/ depression, irritability
- Vitamin K Deficiency
- Weight loss with large appetite or weight gain

Other Symptoms:

- Dental enamel defects—tooth discoloration or loss of enamel
- Osteopenia, osteoporosis

BY: ELAINE MONARCH, EXECUTIVE DIRECTOR, CELIAC DISEASE FOUNDATIONS

- Bone or joint pain
- Fatigue, weakness, lack of energy
- Infertility—male/female
- Missed menstrual periods
- Spontaneous miscarriages
- Aphthous ulcers
- Delayed puberty

The ability to recognize the disease in all its forms at an early stage and get properly diagnosed decreases the likelihood of developing more serious complications. It is important not to self diagnose. Celiac blood tests are available for the preliminary diagnosis. In order to get accurate test results, it is important that a person is on a daily diet that contains gluten. Once diagnosed, it is advised that family members get tested.

The only treatment for this chronic disorder is the lifelong adherence to a gluten-free diet. Adapting to the GF diet is a lifelong commitment—not

an option, not a fad diet—adhering to the GF lifestyle requires patience and persistence. This lifestyle cannot be trivialized. Dietary compliance increases the quality of life.

For additional information on Celiac Disease and the gluten-free diet contact Celiac Disease Foundation www.celiac.org 818-990-2354



Elaine Monarch



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