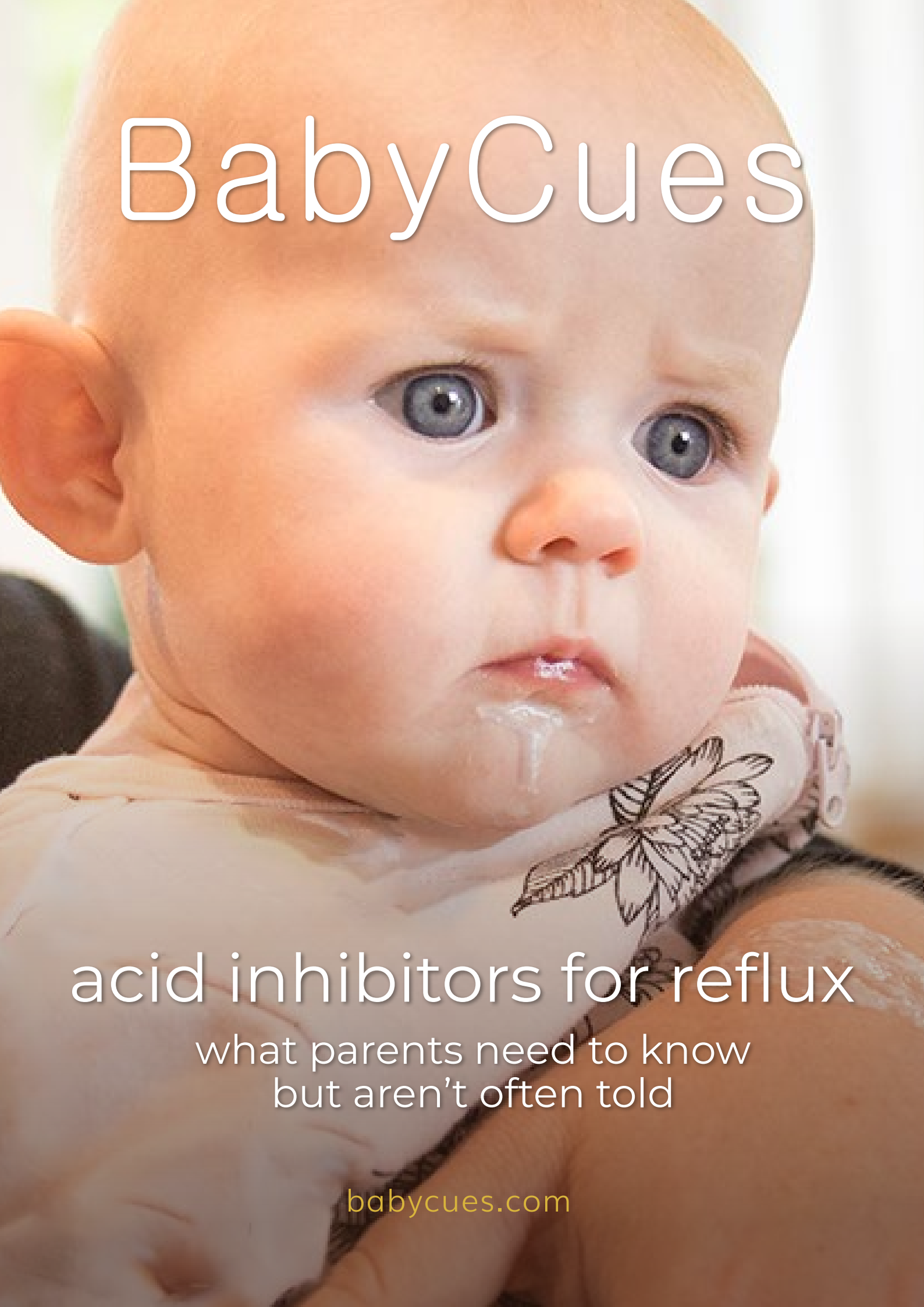

BabyCues

acid inhibitors for reflux

what parents need to know but aren't often told

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A PHILIPPA MURPHY BOOKLET
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Hello!

It's lovely to have you here

I'm Philippa Murphy

I'm an awarded Infant Gut Health Practitioner, a colic and reflux specialist, postnatal practitioner, educator, speaker, author, Mum, step-mum, detail attentive newborn and infant activist, meditator, quantum physics lover, dabbling artist and creator. Oh, I'm also a self-described advocate for common sense, I love all things nature, the colour green, and my morning coffee.

With a background in Child Development and Psychology, and being a Certified Lactation Consultant and Certified Nutritional Health Coach, I'm a keen campaigner for preventative intervention through education. One of my main commitments for holistic child, and parent health, is to provide education that is focused on eliminating the unnecessary symptoms of colic, reflux and silent reflux from our world. Yes that can be done, and by natural means. It's what I love to do.

I also cherish any opportunity to empower parents with knowledge that will enhance confidence, so their intuitive care, and love, can develop in the best way possible. The tips in this guide are a little slice of the empowerment that I wish for you.

another way

Every day, around the globe, there are understandably worried, stressed-out parents arriving at their doctor's office asking for advice and help to stop their baby's reflux symptoms.

Every day, there are also well-meaning doctors walking our infants down the set pathway of alginates first, perhaps changes in formula, and then - if not straight away - the infant will be prescribed acid inhibitors.

Every day, there are some not so well-meaning pharmaceutical companies making billions off the estimated 90 million infants that are unnecessarily suffering, while depicting that acid is the CAUSE for ALL the discomfort, so the production of acid must be stopped. When actually, the potential acid moving up the oesophagus is A SYMPTOM FROM THE CAUSES - causes that can be healed naturally.

And every second, there are parents reluctantly going beyond their intuition and wishes, using these acid inhibitors, because they feel they have no other options. Praying that this time, this intervention will help their baby's pain.

Perhaps this is you? Or a family you know?
If so, I would love you to know that we don't have to compromise our wishes to not use acid inhibitors because, for the majority of infants, there is another way for healing and it's all natural.

a logical view

Parents are often told that one of the major causes of their child's reflux is an immature sphincter muscle (the lower oesophageal sphincter, or LES - a valve that holds your baby's milk, food and often trapped air in their tummy). But if "an immature sphincter muscle is the cause," then logically it wouldn't be possible to heal reflux and silent reflux naturally - which is exactly what I do within my clinical daily practice, every day.

One might also conclude that all newborns would be screaming in pain from birth, given that this immaturity is projected as universal. And yet, many babies are perfectly comfortable.

The truth I observe clinically, time and again, is this: the majority of newborns I see with reflux symptoms are being fed amounts, often at frequencies, beyond their natural digestive capacities and capabilities while

also not being burped to their optimal levels. Because of this, the excess air pushes the milk up the oesophagus causing reflux and their body increases the volume of acid in the stomach to break down the excess milk. Hence some parents smell acid on their child's breath, or in the spit up, which leads them to believe in the marketed idea that acid is the cause of all the symptoms and babies are born with a immature lower sphincter muscle, when in fact it is the pressure of the milk and air pushing open the valve that makes the milk escape.

stomach acid

So, let's talk about stomach acid and why your baby needs it...

Stomach acid, or gastric acid, is made up mostly of hydrochloric acid (HCL). It provides an acidic environment in the stomach (with a typical pH of 1-2) and plays a vital role in immunity by making it hard for any invading bacteria or virus to survive. It is essential protection for your baby's health, preventing unwanted bacterial growth in the stomach and upper intestine, and helping them absorb the nutrients in their milk appropriately. Without it, their bodies stop functioning in a healthy manner, not only because they may experience more infections, but also because their body is not receiving there necessary nutrients. This is not a small thing. This is the foundation of their digestive, immune and developmental health.

what research says

Gastroesophageal reflux is a common phenomenon in infants because of the care practices being widely taught these days. But the differentiation between gastroesophageal reflux (GER) and gastroesophageal reflux disease (GERD or GORD) are now consistently, and incorrectly, being presented as the same thing. In fact GERD is actually quite rare and requires thorough investigation, including pH monitoring, impedance monitoring, or gastroscopy and biopsy, to diagnose properly before prescribing acid inhibitors.

The first symptoms that a child with GERD shows will be failure to thrive, so not meeting required weight gain consistently, and regurgitating a considerable amount of milk after every feed despite them being burped well and feeding to biological quantities and requirements. However, with parents around the globe currently taught to feed well beyond a newborns digestive capacities and capabilites with practices like cluster feeding and hightened marketed formula volumes, many newborns are now sent down the unnecessary pathway of acid inhibitors. Additionally, for years now there has been increasing evidence that the majority of symptoms are not even acid-related, with several studies

confirming that these medications are ineffective at treating the symptoms associated with infant reflux. Yes they reduce the acid but they do not heal the causes, nor stop the refluxing. 1, 2, 3, 4, 5 Why? Because acid is not the cause of the symptoms, and the causes can actually be healed naturally so your baby stops suffering and can avoid acid inhibitors – keep reading for those solutions.

Furthermore, and this is something that many parents are never told clearly, the medications of esomeprazole, lansoprazole and others are not approved for newborns under one year of age.

The safety and and efficacy guidelines for omeprazole, with the US Food and Drug Administration (FDA) for omeprazole are for the treatment of Gastroesophageal Reflux Disease only (GORD/GERD - not GOR /GER), for a duration of eight weeks, and for ages 2 to 16 years only. In the UK, omeprazole is only officially approved for children over 1 year of age. Esomeprazole's safety guidelines state that prescription is only for ages 1 to 17 years. Prescribing it to a younger infant is classified as "off-label" which once-upon-a-time might have been actually named as mal-practice.

acid inhibitor effects

Now firstly, if you are reading this and your baby is on acid inhibitors, please know that what I share below is not said lightly. I seriously know the pathway of pain and desperation that lead you to giving these to your child and that was done by a parent that simply wanted to help their child and trusted in those that you should rightly be able to. That said, as a practitioner and mother myself, I know I would want to know the possible effects so I can start rectifying the situation, because the risks of suppressing stomach acid in a growing infant are not trivial.

Infections

Chronic use of PPIs brings the very real risk of pneumonia and gastrointestinal infections.[14] Stomach acid is a primary immune defence. Without it, harmful bacteria and pathogens have a much easier pathway into your baby's system. Research has linked long-term PPI use in young children to increased risks of gut infections and lower respiratory tract infections.

Bone health

PPI use is associated with an increased risk of fractures because they decrease the absorption of calcium. When there is a deficiency of calcium, the body must leech it from teeth, bones and muscles. Calcium deficiency can lead to high blood pressure, irregular heartbeat, loss of muscle tone, tooth decay, muscle cramps, osteomalacia (softening of bones) and rickets.

Nutrient deficiencies

PPIs and H2 Blockers also decrease iron, magnesium and vitamin B12 absorption. Iron deficiency brings tiredness, lethargy, breathlessness and palpitations. Magnesium deficiency in a newborn can lead to loss of appetite, failure to grow, impaired development, muscular irritability, hallucinations, mental confusion, generalised weakness, muscular tremors, twitches and sleep apnea. B12 deficiency has the potential to cause severe and irreversible damage, especially to the brain and nervous system - and babies are already born with a naturally low supply.

This side effect alone has some babies appearing to settle on reflux medication because now they are lacking the necessary nutrients they need to thrive and this has them feeling lethargic, fatigued and depressed - which can look like settling, but is not the same thing at all.

Food allergies

Two internationally prominent gastroenterologists published research arguing that the dramatic rise in the prevalence of food allergies over the past two decades fits with the exponential increase in the use of PPIs. They submitted that acid-suppression medications predispose babies to food allergies, because a less acidic environment prevents the breakdown of complex proteins, while simultaneously increasing the permeability of the gut - leading to the absorption of undigested proteins that sensitise the immune system.[1]

acid inhibitor withdrawal

Acid is vital for the body to function, to protect and to grow to its full potential. The body knows this, so it will always begin to produce more acid to fight the drug, creating further chemical imbalance in other parts of the digestive system. Therefore, when a newborn is weaned off a PPI or H2 Blocker, acid levels are higher than natural quantities, which creates a burning sensation in the stomach and oesophagus.

Additionally the digestive system has to relearn how to digest food and process waste naturally. These transitions cause heightened unsettledness and in some cases extreme discomfort. If parents reduce the amount without understanding this, they will understandably think the drug was working and may place baby back on it. This is one of the most common cycles I see in clinic.

To wean off the acid inhibitor, rejuvenate the newborn's digestive system and return full acidic health, it is necessary to nurture the baby through the spike, and treat the symptoms of the adjusting digestive system with natural treatments.

This is what I do in my clinic. I walk parents through the individualised steps to withdrawal acid inhibitors, using natural remedies to reduce the acid symptoms, whilst also healing the initial causes that had the parents reaching for the acid inhibitors in hope of relief for their little one.

real causes and healing

For our infants, unlike adults, the rebalancing required to heal these symptoms involves a an understanding of the many interwoven causes of the symptoms, how the digestive system is affected through the necessary changes, along with the short-term symptoms they may experience as rebalancing occurs. These can include smelling acid on the baby's breathe from the overload of acid in the stomach, adjustments in stools and more of course - but if this is something you are considering, know that I offer natural remedies for these so you can stop the cyclic wheel of Digestive Overload - the real cause of what is called "reflux" or "silent reflux."

Digestive Overload is caused by a baby's digestive system being asked to function in an abnormal way from either the way they are being fed (amount, frequency, breastfeeding diet, formula choice and the way the baby is being fed, or excessive trapped air sitting in their stomach or passing through the

intestines and bowel. All of these aspects, plus tongue and lip ties, contribute to symptoms that are currently labelled as colic and reflux. So what are these care practices that contribute to Digestive Overload. Well, here's a few of them:

- cluster feeding
- the idea that you can't overfeed a breastfed baby
- block feeding
- feeding off both breasts in one
- advice on breastfeeding diet
- techniques for bottle feeding
- volume of milk required
- certain ingredients in formulas
- the witching hour is normal
- sleep regression exists – there is always a cause why a baby doesn't sleep and it's not sleep regression
- you don't have to burp a breastfed baby
- some babies don't need to burp at all
- to hold a baby upright for 30 minutes after a feed
- it's fine for a baby, or infant to have constipation - not to have a bowel motion for 8-10 days
- introduction of solids at 4 months is healthy

All on the above list are either causing the symptoms that are currently labelled as colic and reflux, or they are what parents are now being told is the normal behaviour for our young - but are far from normal.

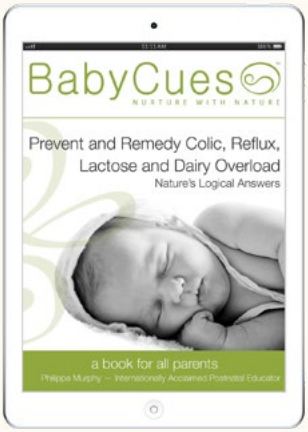
To stop our babies having Digestive Overload, the cause of reflux, we need to start holistically nurturing our babies alongside their natural digestive

capacities and capabilities. It's also crucial that all parent's learn how to read their baby's full array of cues correctly, inclusive of their Six-Wind-Cues that are formed by the movement of trapped air in the digestive tract - one of the major causes of reflux.

So, if you are reading this because you want to stop your child's reflux, then the best place to learn more about how to do that is to read my self-help parent book (supported by doctors), watch my Burping and Gas Masterclass, and/or book in for a one-on-one consultation, which I offer worldwide via Zoom.

And please know this, I am totally committed to making sure our children no longer have to live with reflux, and that the majority of newborns that are unnecessarily on acid inhibitors, or may be prescribed them in the future unnecessarily, can avoid them.

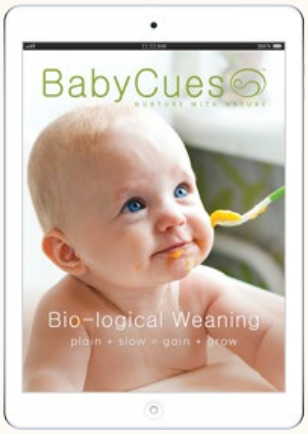
your extra resources



Prevent & Remedy Colic, Reflux, Lactose and Dairy Overload

Practical know-how to help you achieve natural digestive balance for your newborn throughout the first six months.

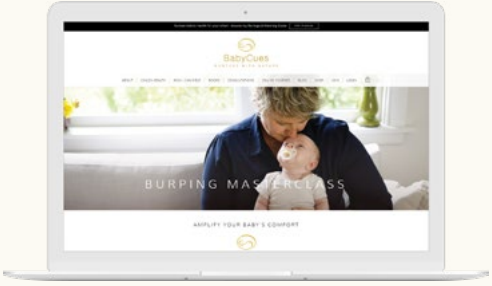
learn more →



Bio-logical Solids Weaning Guide

Holistically introduce and maintain optimal nutrition for your infant from six months to two years of age with BabyCues method of "Plain + Slow = Gain + Grow".

learn more →



Online Burping & Gas Masterclass

A step-by-step guide to burp your baby well, reduce gas, stop pain, and foster better sleep for all. You'll learn my ten-step method of burping and so much more.

learn more →

Care After Birth

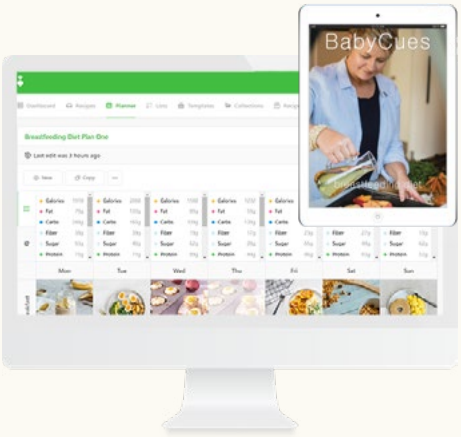
Foster a healthy recovery from birth, and empower holistic care for Mum and baby with this comprehensive guide that provides natural remedies and more.

learn more →

Breastfeeding Diet Guide

This booklet walks you through the research, while providing you lists on all the food groups and supplements that are best to eat and avoid to reduce Digestive Overload symptoms.

learn more →



Breastfeeding Meal Plan

Philippa's carefully crafted meal plans provide the essential nutrients that you need to stay energized and support your baby's growth, whilst making sure you limit Digestive Overload symptoms.

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learn more →

Tongue & Lip Tie Booklet

A step-by-step guide on the symptoms, mistakes of diagnosis, professional tools, best practitioners, appropriate aftercare, along with Philippa's own experience and her top tips.

learn more →

Feeding Volumes & Weight Guide

Learn how much milk your baby requires at each age, in accordance with their physiological capacities - these are different to what is on formula cans.

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Natural Remedies for Vaccinations

Help your baby move through the side effects of their childhood vaccinations a lot easier by using these homeopathic remedies.

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our children ask us to
remain as close to nature as
we can for their nature

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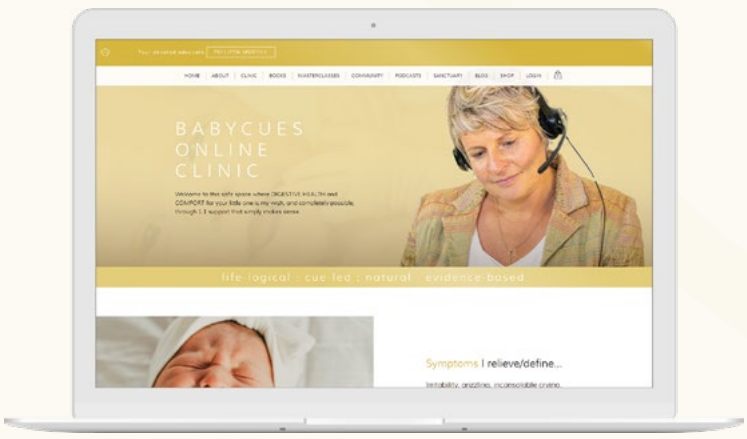

I'll meet you where you are at and support you wtih a gentle, evidence based approach that offers daily digestive balance.

book a chat →


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Philippa x