

[PDF] Colic Solved: The Essential Guide To Infant Reflux And The Care Of Your Crying, Difficult-to- Soothe Baby

Bryan Vartabedian - pdf download free book

Books Details:

Title: Colic Solved: The Essential G

Author: Bryan Vartabedian

Released: 2007-02-27

Language:

Pages: 320

ISBN: 0345490681

ISBN13: 978-0345490681

ASIN: 0345490681



[CLICK HERE FOR DOWNLOAD](#)

pdf, mobi, epub, azw, kindle

Description:

Excerpt. © Reprinted by permission. All rights reserved. 1

THE TRUTH ABOUT crying BABIES

If your baby screams, she's not alone. It's estimated that about 1 of 5 babies have unexplained irritability. It's been 50 years since the initial pigeonholing of irritable babies with a condition that

we've affectionately come to call colic. At the time that colic was first described, doctors had few means of knowing what was going on inside a baby. And in the absence of any better explanation, the idea of a five-letter word to sum it all up was warmly received. And despite what we have come to know, colic as a wastebasket diagnosis remains alive and well, a vestige of history and a comfortable place to put the babies we have such a hard time with. But your baby is screaming for a reason. It's a cry for help.

THE CASE OF BABY HANNAH

Hannah was 2 months old when she first visited me in my Houston office. Her pediatrician had referred her because he had exhausted all of his resources as a busy primary care pediatrician. Hannah wouldn't stop crying, and he didn't know why. The best explanation this seasoned and reputable pediatrician had was that Hannah had colic.

Her problems began at around 2 weeks of age when she began crying after her feeding. Her crying progressed to throughout the day and started to affect her feeding. The pediatrician advised that her mother discontinue breastfeeding her because he feared that breast milk was the problem. Formula feeds began strong, but after a half ounce became difficult, with Hannah arching, pulling from the nipple, and in apparent pain, all while still being hungry and wanting more. The frustration of Hannah's hour-long feeding episodes were matched only by her sleep, which was regularly interrupted with piercing screams and painful gas.

Her waking hours were marked by nearly constant hiccups and the need to be held and moved. Hannah's parents were told that she had colic, yet colic medication never seemed to make much of a difference. Formula changes became nearly as frequent as diaper changes, but nothing seemed to make a difference.

The baby's incessant irritability, impossible feeding, and unpredictable sleeping patterns soon began to take its toll on her parents. When her mother returned to work when Hannah was 3 months old, understanding day care was hard to come by. At the end of their rope with a marriage at its limits, Hannah's parents came to see me.

WELCOME TO MY WORLD

Whether it's a pleasure or not, I have the opportunity to work with babies like Hannah every day. Thousands of screaming, miserable, sleepless, and impossible-to-feed babies have found their way to my office over the past several years, some sicker than others, but all delivered by desperate parents looking for answers and looking for help. This book is about what I've learned and what I know.

I've always said that it was far easier being a pediatrician before I ever had children of my own. Calls in the middle of the night from the sleepless parents of screaming babies were handled as a matter of course early on in my career. But despite my comforting words, my attitude beneath was "Deal with it." I had bought into the idea that all babies scream and that some babies scream because of the stress and pressure that young parents convey to their babies. While I have always done my best to evaluate and treat every baby thoroughly, I was very much inside the system at first . . . a paternalistic, board-certified know-it-all with 6 years of residency and fellowship training at America's largest children's hospital. But I had never lived with a baby. More important, I had never lived with a baby with reflux.

The birth of my daughter, Laura, represented a turning point for me as a pediatrician. Laura was a lot like Hannah, with the exception that her father was a pediatric gastroenterologist. And with that

came expectations from my wife to make things better. Laura was treated for acid reflux and morphed from a bundle of misery to something far more tolerable. I was vindicated as both a father and a physician, and my view of the screaming baby has never been the same.

I should note that my son, Nicholas, happily spit everywhere and all the time until nearly a year of age. But for us this was nothing more than an inconvenience. In nearly all of his baby pictures, he is wearing a crusty burp bib intended to protect the expensive outfits we bought him as the firstborn. So you could say that I've had it both ways: a bundle of misery and a happy spitter, two patterns that you'll read about in Chapter 3, "Seven Signs of Reflux in Your Baby."

For better or worse, I can now empathize with the families I see—for better because I can understand their situation and react to it more sensitively; for worse because I can understand their situation and relive the misery that they feel whenever I'm called to evaluate a screamer.

COLIC—THE DIAGNOSIS FOR ALL OCCASIONS

Unfortunately, not everyone has a pediatric gastroenterologist as a father. In many cases, babies are left alone to cry, either by parents who don't know how to advocate for them or by doctors who don't know where to turn. In fact, in Hannah's case the diagnosis was colic because there was nothing else to explain her problem and the symptoms loosely fit with something that her pediatrician had been taught many years ago.

So What Is Colic?

The quest for the cause of colic or even an agreed-on definition of it over the last half century has amounted to something of an optical illusion. Like one of those abstract images that you must stare at for minutes on end before actually identifying the picture, colic has been something of an elusive diagnosis among pediatricians. And the many who never quite see it ultimately agree that they see it just so they won't have to continue squinting.

I'll have to admit that from early on in my career I was never able to see the pretty picture when it came to the illusion of colic. While I've evaluated and treated thousands of irritable babies, the problem is that I've never seen colic and can't get straight answers about what it is or what it looks like from those who claim to have seen it. Like the UFOs that seem to land everywhere but at Harvard and MIT, colic has evolved into one of our culture's greatest urban legends—a mythical explanation meant to explain the seemingly unexplainable.

A Baby Cannot "Have" Colic

The problem comes with the fact that colic is a description and not a disease. This descriptive term has, in turn, been morphed into a real and recognizable condition that served an important role for parents and pediatricians in our not-so-distant past. Much as fables and myths help provide order and explanation for different cultures, colic was once a comfortable resting place for weary pediatricians dealing with weary parents. And when medical science failed to offer any better explanation, it served to conveniently absolve the pediatrician from any further responsibility to parent or child.

Because colic represents a pattern of behavior and not a disease, a baby cannot "have" colic or have it "diagnosed." Much like fever or weight loss that typically represent signs of some other problem in a child, colic doesn't stand on its own as a diagnosis. To use the words diagnosis and colic together suggests that intelligent, established criteria, backed up by clinical research, were used to come to

that conclusion. But unfortunately, such criteria or compelling clinical studies don't exist. In the words of a distinguished researcher on the topic of infant irritability recently quoted in the *Journal of Pediatric Gastroenterology and Nutrition*, "The term colic implies a mechanism responsible for the distress displayed by these infants. Such a mechanism has never been demonstrated."

Colic—Whatever You Want It to Be

But colic advocates and researchers who have built their careers on the urban legend that is colic will beg to differ. The criterion they use, as determined in 1954, suggests that the diagnosis should be considered in babies who experience inconsolable screaming for 3 days a week, for 3 hours a day, for at least 3 weeks a month. Unfortunately, if your baby screams for only 2 hours and 45 minutes for only 20 days straight, you're a day early and a dollar short. Had I created criteria for colic, I would have suggested adding the fact that you haven't had sex with your spouse in 3 months, you're up 3 hours each night, and you're 3 weeks away from losing your job unless you get some sleep. But I wasn't practicing in the 1950s, and things were different then.

If we give our 1950s' researchers the benefit of the doubt and accept the out-of-thin-air rule of threes, as it is called, not everyone sticks to it. In fact, when it comes to the diagnosis of colic, everyone seems to have his or her own rules. A colleague whom I work closely with will diagnose colic only if the baby cannot be put down. Another employs a white-noise rule—the diagnosis is confirmed if the baby settles with the sound of a vacuum cleaner, hair dryer, or other loud neutralizing sound. It seems that the number of random, self-imposed criteria for diagnosis are limited only by the imagination.

So despite the complete absence of a consensus of what constitutes colic, it remains nonetheless a convenient wastebasket diagnosis that can be retrofitted to suit the need of the individual making the diagnosis. If you haven't caught on, colic would appear to be a well-orchestrated five-letter defense mechanism for doctors who are either outdated, outwitted, or just plain out of ideas.

THE COLIC REVOLUTION—SCREAMING INTO

THE TWENTY-FIRST CENTURY

Our experience and medical research tell us that babies scream for a reason. While Colic Solved d...

- Title: Colic Solved: The Essential Guide to Infant Reflux and the Care of Your Crying, Difficult-to-Soothe Baby
- Author: Bryan Vartabedian
- Released: 2007-02-27
- Language:
- Pages: 320
- ISBN: 0345490681
- ISBN13: 978-0345490681

- ASIN: 0345490681

