Commentary

Forum: Comment on article by Stanley and Lundeen (1980, Jan)

Victor Penzer

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Dear Editor:

Thank you for the new issue of the JJOM. It is good. I was pleased to see your paper on "Tongue Thrust," etc. ("Tongue Thrust in Breast-fed and Bottle-fed School Children: a Cross-Cultural Investigation," JJOM, v. 6, no. 1, January, 1980), but I am wondering about your Navajo sample. You stated that they were "almost entirely breast-fed" which is good, but not necessarily the same as exclusively breast-fed.

Some years ago I excluded from a study breast-fed children who received supplemental bottle which we found about only after rigorous questioning. They were originally referred to as breast-fed. This is important. It is not only the mechanics of bottle feeding that makes a difference but also the contents of the formula. Cow's milk is not human milk. It can trigger allergic reactions, edema of the mucous membranes, enlargement of adenoids, obstruction of respiratory passages. It can affect growth and development of oral and facial structures. It can be an etiologic factor in malocclusion as well as dysphagia and stomatopnea. Galen Quinn and Jim McNamara documented well the impact of air space on facial anatomy.

Yours for optimal health,
Victor Penzer, D.M.D.,
Editor
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Dear Dr. Penzer:

Thank you very much for your letter and your comments concerning the Navajo sample. A search of medical records indicated that 93% of the Navajo children had been breast-fed from birth. The remaining seven per cent were put on formula because of stomach or other ailments. Hospital personnel stated that they believed that this small group of children was on formula only during the four to five days that they were in the hospital. Reportedly, these children were put on breast-feeding schedules immediately upon discharge. This report is logical for a variety of reasons. For example, breast-feeding was the traditional method of feeding. Furthermore, there was a severe drought in the Crowns-Northwestern New Mexico area during the age of infancy of these children. Refrigeration was scarce. Mother's milk was the only source of plentiful, sanitary nutrition for these youngsters. Therefore, we feel that these seven per cent can be described as "almost entirely breast-fed" as they were breast-fed for a period lasting from eighteen to thirty-six months following the four to five days on the bottle.

Granted, the mother's milk is exceedingly important during the first few days of a child's life, and the seven per cent of the Navajo sample under discussion did lose that important benefit. However, they did have from 18 to 36 months of mother's milk and of vigorous exercise of the oral musculature.

We were also told that the Indian children did not receive supplemental feedings. The reasons are the same as given above. Ninety-three per cent, 102 children, from the Navajo sample were exclusively breast-fed in infancy. Seven per cent, or eight children, were given formula for only the first four to five days of their lives and were reported to have been exclusively breast-fed thereafter. Had a few of the eight children in question experienced allergic reactions to the formula, the speedy removal of the allergen should have reversed the symptoms.

The results of our investigation showed significantly less tongue-thrust swallowing in the Navajo sample than in the non-Indian sample. If some of the eight children did experience allergic reactions to cow's milk during their school years, their exclusion from our sample should serve to increase the level of significance.

Thank you for your question. We appreciate your interest in our study.

Respectfully submitted,
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