Case Report

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AEROPHAGIA: THE CASE OF THE INVETERATE BELCHER

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The patient, a charming 64 year-old about-to-retire school teacher, with a delightful sense of humor, would not object to the mystery novel title, despite its flippant nature, even though her problem was very serious to her. She was referred to me by her chiropractor, who saw pockets of air in her alimentary canal x-rays. He concluded she was swallowing excess air. She had been examined by an excellent otolaryngologist whose anatomical and physiological examinations of her found nothing that would account for her chronic belching.

The annoying belching had been occurring for ten years. In our initial consultation, she reported the following:

She drinks a lot of coffee. Beginning with the morning cups, she experiences repeated belchings at the table, then during the entire day. She has a very dry throat cough, sneezes often and her eyes tear a great deal. Her throat feels dry most of the day. She breathes in a somewhat shallow manner, through the nose. She feels bloated most of the time. She thinks she may be tongue thrusting (a friend who is a speech-language pathologist had explained tongue thrusting to her). She wears upper dentures. She takes a great deal of liquid with every meal. She chokes often. A specialist once told her that her epiglottis may not be working properly.

My Examination

Anatomy: No abnormalities noted that might contribute to her problem.

Eating: She takes small bites, chews forever, swallowing several times as she chews. There is a definite anterior tongue thrust.

Drinking: She sips her coffee and drinks it very hot. To protect against burning her tongue, she slurps, albeit in a delicate, feminine manner, with only the thumb and forefinger touching the cup handle. She swallows with a tongue thrust.

Saliva Swallows: Tongue thrusting apparent.

Treatment

I saw her for eight sessions of one-half hour each. She was so enjoyable to work with that I had to consult the ASHA Code of Ethics often to keep from prolonging therapy unnecessarily. We condensed the time period normally given to exercises, but did not exclude any of them. She chewed with her tongue cupped, I learned from her astute perceptions and descriptions of her behavior. The swallows that occurred as she continued chewing seemed to contain more trapped air than food,

which was never collected into a bolus. We devoted considerable attention to proper chewing, with lip and cheek muscles moving the food posteriorly and centrally, to proper food collecting immediately prior to swallowing, and to the food swallow itself.

We worked with hot coffee rather than cold water for training liquid swallows. Slurping was prohibited. The steps routinely taught were used: Tongue up, teeth together *or* slightly parted (if necessary), sip, close lips, suck lips back, squeeze tongue up, swallow. She had very obviously never used the lips to move food or liquids posteriorly, and it was physically difficult for her to create suction with the lips against the teeth. She worked hard on this, and it did become habitual after several weeks.

Saliva swallows were relatively easy to teach after we had worked on solids and liquids but extremely difficult to habituate. She found some special sour lozenges that she liked, and eventually used six a day, keeping one in her cheek to stimulate saliva flow, to help her to remember to move the saliva posteriorly with the same lip suction she had used for food and liquids, and to swallow it correctly.

Careful Sherlock Holmes-type observations of her eating and drinking led me to the discovery that, prior to each swallow, she inhaled some air through her nose. It was the kind of clue a lesser investigator would have surely missed! Armed with the new finding, which of course added oxygen to the esophageal fire, we eliminated that habit and marched on to success.

In a patient of this age, of course, changing life-long habits is not an easy task. She was strongly motivated to rid herself of this embarrassing behavior of social belching, worked extremely hard to do so, and, approximately three months after the onset of therapy, reported 90 + % habituation of all corrected patterns. She phones me occasionally to report that she is doing well. Therapy took place during the spring, she retired in June, and is traveling, trouble-free, around the hemisphere.