

A Case of Chronic Mouth Sores

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Five-year-old Mallory had always been the drama queen in the family. The middle of three children, there was never a dull moment when she was in the room. "She is the most stubborn person I know," claimed her mother, who then glanced meaningfully toward her husband. I had thought Mallory's father was doing a pretty good job of demonstrating the stubborn trait himself up to that point in the consult, but Pauline was sending me a signal to focus on Mallory.

And Mallory was giving her family much to worry about. Since her parents could remember, she had complained of stomach pains and had bouts of diarrhea. At 30 pounds, she was a scrawny kindergartner. Chronic stomach distress was likely contributing to her poor weight gain, I was thinking, until her parents mentioned the mouth sores. "She has them constantly," her mother reported.

Because Mallory "overreacts to everything," Pauline continued, "we thought she was just being difficult when she did not want to brush her teeth." It turned out the reason was the presence of two big welts. Once they knew what to look for, Mallory's parents discovered she almost always had a sore somewhere in her mouth.

If great actors evolve from great pain, Mallory was well on her way to a successful career on the stage or screen. The more I heard about her, the more it sounded as if this poor youngster had not had a physically-comfortable day in her life. Gentle questioning of her parents suggested they were not in much better shape. Pauline confessed she was constantly bloated and was diagnosed with irritable bowel syndrome. Mallory's older sister was also underweight and Mallory's father had similar issues. "I'm fine," John grunted, taking himself out of the conversation.

Nobody had been able to help Mallory with the sores. Removing orange juice and acidic foods from her diet at the suggestion of the pediatrician had not helped at all. Her parents tried to provide a variety of healthy foods including fruits, vegetables and whole grains, but the sores continued unabated. Looking at her diet diary, I noticed while she ate more vegetables than the average child, she also ate cereal, bagels or pasta daily.

By applying therapeutic nutrition, the problem is inevitably something you are eating that is bothering you or something that is missing that could help. In my experience, chronic mouth sores almost always are a symptom of gluten intolerance. I suggested the whole family go gluten-free for a month to see how that change would affect the stomach complaints in general and the mouth sores specifically.

While I was not sure a gluten-free diet was necessary for Mallory's siblings, I knew given her sensitive personality, the whole family would have to be on board, at least when they were together, or she would not be able to tolerate the trial. Pauline readily agreed, as she suspected gluten was a problem for herself. I thought John would object but he surprised everyone by readily agreeing to be supportive (when he was home).

Gluten is a protein found in grains such as wheat, rye, barley and spelt. The disease associated with gluten intolerance is called celiac disease. While chronic mouth sores are a symptom of celiac disease, they are also a symptom of non-celiac gluten sensitivity. I have seen many people resolve sores when gluten is removed even though they do not have celiac disease or a gluten allergy. While researchers are looking for biological markers to identify people who are very reactive to gluten without having celiac disease or a measurable gluten allergy, they have remained elusive.

Three weeks later I got an exuberant email from Pauline. "The mouth sores are gone. It's a miracle," she exuded. "Just one more quick question: Can you do anything to make a person less stubborn?"