



*Dynamic Chiropractic* – February 1, 1991, Vol. 09, Issue 03

## **Infantile Colic -- Does Every Baby Have It?**

By Victoria Arcadi

Infantile colic is a generalized term used by pediatricians to describe a crying baby. According to Dorland's Medical Dictionary, colic is defined as (1) "acute paroxysmal abdominal pain" or (2) "pertaining to the colon."

Having a specialty in pediatrics and as pregnancy staff doctor for five years at Gentle Birth Center Medical Group in Glendale, California, I have found that crying babies have conditions which cause the crying and make them uncomfortable, one of which is headaches. From birth trauma there results in some babies a molding of the cranium which includes an overlapping and/or spreading of the sutures. The occipital bone becomes decompressed onto the atlas and this results in the suboccipital bone headache. The birth process twists the head through the pelvis, and then through the vaginal canal; this results in upper thoracic subluxations which affect breathing, the heart, stomach, gall bladder, and pancreas. Because of this, the trapezius muscle (lower, middle, and upper) spasms contribute to the headache.

With the upper thoracic subluxations we get the other condition found in crying babies: abdominal discomfort (colic) in the form of gas pain, stomach, pancreatic, and gall bladder malfunction. A very common condition is ileocecal valve syndrome and hiatal hernia.

The treatment, which is 90 percent effective in treating newborns and infants right from the moment they are born, is full spine chiropractic adjustments, especially in the occiput/C1 area and thoracics from T8 superior to T1.

A newborn with cephalalgia and cranial molding requires a cranial adjustment utilizing such gentle techniques as Upledger, Sacrooccipital Technique (SOT), or Applied Kinesiology. A cranial adjustment in my experience can be the most important adjustment that can be made to a newborn or infant. Reversing the damage done from the birth can be of optimal benefit to the baby as an infant, and throughout the child's life. Temporomandibular joint dysfunction early on can lead to breast feeding difficulties, headache, and

improper feeding which in turn can lead to colic and digestive problems.

One of the most historic studies in chiropractic on infantile colic has been done in Denmark. This study on 316 infants, in the August 1989 Journal of Manipulative and Physiological Therapeutics, reported that chiropractic adjustments eliminated or significantly reduced colic in 94 percent of the cases. The median age of these infants was 5.7 weeks, with moderate to severe colic having an average of 5.2 hours of persistent crying per day. After 2 weeks, with an average of 3 treatments, in 60 percent the colic stopped and in 34 percent the colic improved. Ninety-four percent of the infants were treated at the 2 upper cervical joints, 53 percent in that area alone, and 41 percent also in the thoracic spine (generally T4/T5 to T8/T9). Chiropractic adjustments, as a result of this study are widely used in Denmark. It is estimated now that 20-40 percent of all infants in Denmark are being managed by chiropractors for treatment of infantile colic.

With today's baby boom in full force, it is imperative that the babies be seen by chiropractors. It has been my experience that chiropractic is the most effective treatment for really sick babies and babies that are in trouble. I personally receive the rewards of our profession when I see how well the children respond.

*Victoria C. Arcadi, D.C.*

*Sherman Oaks, California*



Page printed from:

[http://www.chiroweb.com/mpacms/dc/article.php?id=44092&no\\_paginate=true&p\\_friendly=true&no\\_b=true](http://www.chiroweb.com/mpacms/dc/article.php?id=44092&no_paginate=true&p_friendly=true&no_b=true)