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Infantile Colic

By Peter Fysh, DC

Sally was concerned. Her new two month old baby son, Brendan, did not seem to be the normal, happy, and contented baby that she had hoped for. He cried a lot; sometimes for six or seven hours each day and it seemed that nothing Sally did to comfort him would help. She had tried feeding him, changing his diaper, cuddling and rocking him, putting him to bed, but nothing seemed to help.

When Sally took her baby to the pediatrician, the problem was identified as infantile colic, a problem common to newborns in the first few months of life. Sally was advised to watch her diet, as she was breast-feeding Brendan, to avoid rich and spicy foods and to burp him regularly during feeding. This she did as advised but still her baby continued to cry for hours each day. Sally and her husband Bob were getting little sleep and the whole house was affected by the baby's condition.

When Bob visited his chiropractor on the way home from work one afternoon, for his regular spinal adjustment, he happened to mention their baby's plight to the doctor. "Why don't you bring Brendan in and let me evaluate his spine," said the doctor. "His colic may be related to a problem in his spine." At this point, Bob and Sally were looking for any alternative to help their baby.

The following day Sally took her baby to the chiropractor to have his spine evaluated. The doctor evaluated Brendan's spine and found two areas which needed to be corrected. A couple of light, finger-tip adjustments and the job was done. "How could my baby have spinal problems at his young age," Sally asked. "Well," said the chiropractor, "it can often be the trauma from a difficult birth, a long labor or perhaps even the way we burp the baby or pick the baby up from the crib, that produces spinal problems at such a young age."

The following day, Brendan was somewhat better. Sally took him to the chiropractor again for a further adjustment, similar to the ones performed the previous day. Three days after Brendan's first spinal adjustment, Sally just couldn't believe how much her son had improved. He now slept like a baby, only cried when he was hungry or wet, and was once again the perfect baby that Sally knew he was. And Bob

slept happily ever after.

What Is Colic?

Infantile colic is the term commonly used to describe an otherwise healthy infant who exhibits persistent, forceful crying for no apparent reason. The crying usually persists for several hours each day and is usually evident at least five days in each week. Parents' attempts to comfort the infant by holding and rocking the child, changing the diaper or by offering nourishment have little or no effect on the condition. The affected infant will have a tense, rumbling abdomen, with knees flexed, tight paraspinal musculature and will emit an excessive amount of gas. Occasionally the head and neck will be arched backwards.

Colic affects about 20 percent of all infants with symptoms most commonly occurring at one to four weeks of age and ending spontaneously at around three to four months. The cause of this condition has not been precisely determined, although many infants have been shown to respond well to chiropractic care.

Research studies into the effects of spinal adjustments for infants with colic have shown excellent results. The most significant study of this condition showed satisfactory improvement in over 90 percent of the infants who received chiropractic care.¹

In this study, 316 infants with colic received spinal evaluations and were adjusted as necessary. Improvement was noted within a two week period in 94 percent of the infants treated, on average, after only three treatments.

Evaluation of the Infant's Spine

An infant's spinal evaluation involves examining the entire spine, from the upper cervical region down to the pelvis. The examination includes motion palpation of the spine, to detect areas of decreased movement of the spinal articulations (subluxations), as well as identification of areas of unilateral, asymmetrical muscle spasm.

In the previously referenced study, the findings of the 73 chiropractors involved showed the following:

All but six percent of the infants responded to the chiropractic treatments. Fifty-three percent of the infants responded to adjustment of the upper cervical vertebrae only. Forty-one percent required adjustment of the upper cervical area in addition to the mid-thoracic articulations (T4-T9), while the remaining six percent

received adjustments in other regions of the spine (lower cervical, thoracolumbar, lumbosacral and sacroiliac articulations) or a combination of two or more of the above-mentioned areas.

Adjusting the Infant's Spine

The chiropractic treatment of a young infant's spine differs from that which would be necessary for an adult. The infant's spine is more flexible, primarily due to ligament laxity. The immature spine also contains abundant cartilage which will eventually ossify into mature bone. This cartilage is quite strong and flexible, however the adjustive process is modified to ensure that only the lightest thrust is used to correct the subluxated segments. Not only is the force of the adjustment greatly decreased, the contact is usually only lightly applied with the finger tips and the thrust, if used at all, is very modest. The sound of the spine being adjusted, usually heard as a "crack" or "pop" in the adult spine, is frequently absent when adjusting the spine of a young infant. Babies usually tolerate spinal evaluation and adjusting quite well, with no more discomfort than that caused by a physical examination.

Results

The rapid improvement seen after adjusting the spine of an infant with colic suggests that the spine is intimately involved with the digestive process. Research in this field, called the somatogastric reflex, has been developing over the past 15 to 20 years, however, the exact mechanism of involvement of the spine with colic is yet to be determined.

References

1. Klougart N, Nilsson N, and Jacobsen J: Infantile colic treated by chiropractors: a prospective study of 316 cases. JMPT, August 1989, Vol 12;4.

Peter N. Fysh, DC
San Jose, California

Editor's Note:

Dr. Fysh is currently conducting pediatric seminars. He may be contacted at (408) 720-8042.

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