

OPTIMAL HEALTH UNIVERSITY™

Presented by Katie Gravesen, DC

Colic: The Chiropractic Solution

Irritability, excessive crying or screaming, particularly at night, parents with frazzled nerves and an entire family with bags under their eyes — these are the signs of infantile colic.

Fortunately, Dr. Gravesen may have just the right touch — literally — to help your baby overcome colic. Ongoing research suggests that chiropractic care may quell infantile colic.



called upper cervical joints — especially the joint between the baby's head and neck. Caesarean sections and assisted deliveries may produce additional torque to the infant's head and neck, possibly setting these babies up for even greater risk.

When spinal movement is restricted or vertebrae become misaligned, the result is a common condition known as **vertebral subluxation**. In addition to colic, vertebral subluxation is linked to ear infections, headaches and a number of other disorders. Dr. Gravesen uses safe and gentle maneuvers called **chiropractic adjustments** to restore alignment and movement to the spine.

Chiropractic's Calming Effect

Dr. Gravesen employs specially tailored, extremely gentle adjusting techniques for children, which were developed by pediatric researchers. Extremely light pressure is applied during infant adjustments (*J Manipulative Physiol Ther* 2005;28:1-5). Often the force is less than that produced by lightly tapping one fingertip against your arm. The child experiences no discomfort or "cracking" sounds. Instead, the procedure generates a calming effect that can, in some cases, quiet colic in a single visit.

That's exactly what happened to 80 of the 317 colicky infants involved in a study including 73 doctors of chiro-

practic.

Researchers provided the infants' mothers with a diary to track their babies' symptoms, intensity and length of crying, as well as how comfortable the infant appeared. Within 14 days of chiropractic care (an average of three visits), 94 percent of the children — including the 80 whose colic was quelled on the first day — "showed a satisfactory response. After four weeks, the improvements were maintained." (*J Manipulative Physiol Ther* 1989;12:281.)

Interestingly, 51 percent of these children had already undergone unsuccessful drug-therapy treatment. Chiropractic not only worked: It worked when drugs failed.

Better Than Drugs

"Medications available . . . have not been proved effective in the treatment of colic," note researchers from the University of Louisville School of Medicine in Louisville, Kentucky (*Am Fam Physician* 2004;70:735-40).

Diagnosis

Colic is a diagnosis of exclusion that should only be made after a thorough physical examination to rule out other ailments (*Am Fam Physician* 2004;70:735-40).

Dr. Gravesen explains that this evaluation should include checking the infant for misalignment of spinal bones (vertebrae) — a condition that has been linked with colic.

Spinal misalignments in infants are sparked by the twists, turns and pressure placed on the head, neck and spine during the delivery process. In fact, an average of 40 to 70 pounds of force is exerted on a newborn's head and neck during birth. This strains the spinal joints in the upper neck —

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Danish researchers, who spent two weeks observing a cohort of colicky babies, agree. Not only that, they found that spinal manipulation is more effective against infantile colic than drugs.

As part of the study, half of the infants received spinal manipulation and half received the gas-relieving drug dime-thicone.

Four to seven days into the experi-ment, the spinal manipulation group's crying was reduced by 2.7 hours, com-pared with only one hour for those receiving dimethicone. "From trial day five onward the manipulation group did significantly better than the dime-thicone group," write the study's au-thors (*J Manipulative Physiol Ther* 1999;22:517-22).

Chiropractic care focuses on address-ing the root cause of disease and ill-ness — not covering up symptoms with drugs and exposing patients (particularly children) to potentially dangerous side effects.

Additional Colic Contributors

There are other factors, beyond verte-bral subluxations, that may contribute to colic. Read on to learn about re-search into these additional factors.

Cow's Milk

Proteins in cow's milk "appear to be associated with the prevalence of in-fantile colic in a significant number of cases," according to researchers from the University of Calgary, Alberta Children's Hospital (*J R Soc Health* 2004;124:162-6).

Even though most colicky children outgrow this protein intolerance, doc-tors of chiropractic urge mothers to breastfeed infants whenever possible.

If breastfeeding is not possible, opt for formulas that exclude cow's milk. Also, natural flow bottles are recom-mended.

In one study of 36 colicky babies, some of the infants were fed with stan-dard bottles and some with Dr. Brown's Natural Flow Baby Bottles.

Those sucking from placebo bottles spent "significantly more time crying and fussing on average than infants using Dr. Brown's Natural Flow Baby Bottles. Because these bottles de-creased the time the infants spent cry-ing and fussing, use of these bottles may be recommended for colicky in-fants who receive any bottle feed-ings." (*Gastroenterol Nurs* 2006;29:226-31.)

Other Feeding Problems

Unfortunately, the ingestion of cow's milk isn't the only feeding problem associated with colic.

In one study, researchers divided 43 infants between the ages of 6 weeks and 8 weeks into two groups: colicky (19 infants) and noncolicky (24 in-fants).

Not surprisingly, infants in the colic group displayed more difficulties with feeding, sucking, more discomfort following feedings and lower respon-siveness during feeding interactions. "Infants in the colic group also had more evidence of GOR [gastro-oesophageal reflux] based on the num-ber of reflux episodes on abdominal ultrasound as well as maternal report of reflux." (*Arch Dis Child* 2004;89:908-12.)

Feeding posture may also play a role. Babies should be held in an upright posture during feeding, to prevent excessive intake of air, and burped following feeding.

In addition, research indicates that mothers nursing colicky infants should steer clear of caffeinated beverages, garlic, gas-producing vegetables, spicy foods and dairy products.

Smoke

Women who smoke are twice as likely to have babies with colic, compared with nonsmoking moms, researchers report (*Arch Dis Child* 2000;83:302-3).

Over-Stimulation

Over-stimulation may also trigger colic. Studies suggest that reducing activity and exposure to stimuli — such as music, television and light —

especially prior to bedtime, can keep infants colic-free (*BMJ* 1998;316:1563-9).

On the other hand, calming activities, such as massaging your infant, may ward off colic by promoting quality sleep. For instance, one study that looked at 16 mothers and their babies indicates that infant massage enhances sleep quality by triggering natural sleep-wake cycles called circadian rhythms.

"The results of the present study show a clear, long-term effect of massage therapy on the development of cir-cadian rhythm," says study author Sari Goldstein Ferber, Ph.D. "Massage therapy by mothers . . . serves as a strong time cue, helping infants coor-dinate their developing circadian sys-tem with environmental cues," Dr. Ferber notes. "The current findings highlight the importance of mother-infant interactions and environmental cues for the development of the in-fant."



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