

# Colic Treatment

**Differential compliance instrument in the treatment of infantile colic: A report of two cases** Leach RA, *Journal of Manipulative and Physiological Therapeutics* January 2002 • Volume 25 • Number 1

**Case 1:** A 6-week-old female infant crying almost continuously since birth, which the mother described as often “violent screaming,” had steadily gotten worse. She slept only 3 hours a night and had 15 minutes of rest 3 or 4 times per day, or brief periods of feeding or riding in a car.

Her pediatrician diagnosed the infant with infantile colic, and the mother brought the infant for chiropractic evaluation after a nurse suggested that adjustments might help.

[Diagnosis of] T8 segmental dysfunction was made on the basis of the mother’s statements and observation of the child’s behaviors since entering the clinic. After a single adjustment the child rested for 11 hours during the following 24-hour period and slept for 9 uninterrupted hours during the night. The infant awakened smiling and laughing.

**Case 2:** A 9-week-old male infant had infantile colic. The mother had been taking Lorazepam™, Paxil™, Zyprexa™, and Wellbutrin™ for the first 4 months of her pregnancy until she discovered she was pregnant. At that time she discontinued all medications except Zyprexa, which she continued throughout her pregnancy.

Child was diagnosed with acid reflux as a result of crying day and night; unrelieved by normal parenting behaviors, and Zantac™ was prescribed. On entrance to the office 3 weeks later, the parents stated the crying had progressed to about 14 hours per day in spite of these interventions.

After 4 consecutive daily adjustments crying was reduced to 7 hours, uninterrupted sleep increased to 5 hours (from 3 hours before care), and total sleep in a 24-hour period increased to 13 hours (from 5 hours before care).

After 9 adjustments over 2 weeks, the infant was crying an average of only 2 hours per day, was sleeping 5 hours per night and averaging 14 hours of total sleep per day. The baby no longer screamed but smiled and remained awake without crying for long periods and responded appropriately to normal parenting efforts. On subsequent consultation with the pediatrician, all medications were discontinued except Benadryl™ as needed. However, the mother occasionally gave the infant Mylicon™ on occasion. Colicky behaviors, such as inconsolable crying and clenching of fists, did not return.

**The short-term effect of spinal manipulation in the treatment of infantile colic:** a randomized controlled clinical trial with a blinded observer, Wiberg JMM, Nordsteen J, Nilsson N. *Journal of Manipulative and Physiological Therapeutics*. October 1999; Vol. 22, No. 8, pp. 517-522.

This is a randomized controlled trial that took place in a private chiropractic practice and the National Health Service’s health visitor nurses in a suburb of Copenhagen, Denmark.

One group of infants received spinal care for 2 weeks, the other was treated with the drug Dimethicone™ for 2 weeks. Changes in daily hours of crying were recorded in a colic diary.

Hours of crying reduced by 1 hour in the Dimethicone group compared with 2.4 hours in the chiropractic group by day 4-7. On days 8 through 11, crying was reduced by 1 hour for the Dimethicone group, compared with 2.7 hours in the chiropractic group.

In the 12 days of the study, the children under chiropractic care had a 67% reduction in crying while the group treated with drugs had a 38% reduction in crying. The mean number of adjustments given during the two-week study was 3.8.

From the popular press: "**Chiropractic Care Conquers Colic**" December 1998 issue of *Country Living's Healthy Living*, Page 53.

An inconsolable newborn finds comfort after six sessions with a chiropractor; Nicholas Roe tells the family story.

Following the first adjustment, the child was more reactive and colicky, but mom followed the instructions given her by the DC and the baby calmed right down. "We had five more sessions with Stephen. Each lasted 20 minutes and Lucy (the infant!) really seemed to enjoy them. It completely changed what was fast becoming a nightmare. I would like to recommend to everyone with a colicky infant see a chiropractor. It certainly worked for us."

**A six week old baby with colic.** *International Chiropractic Pediatric Association Newsletter*. May/June 1997.

A six week baby with colic who could not sleep for more than one hour at a time and could not hold food down. was brought in for chiropractic care.

A subluxation at C1 was corrected. After the first adjustment the infant fell asleep before leaving the office and slept for 8 hours straight. The baby gained two pounds in one week.

The child was seen three times per week for two months, thereafter once a week. The colic symptoms never returned.

**Chiropractic management of an infant experiencing breastfeeding difficulties and colic: a case study.**

Sheader, WE, *Journal of Clinical Chiropractic Pediatrics*, Vol. 4, No. 1, 1999.

This is the case of a 15-day old emaciated male infant experiencing inability to breastfeed and colic since birth.

When he entered the chiropractor's office, he was crying constantly, "shaking, screaming, rash, and vomiting during and after feeding". The baby also had "increased distress" 30 minutes after feeding and had excessive abdominal and bowel gas since birth. The mother reported the infant was given a Hepatitis B vaccination within hours after birth. The pediatrician prescribed formula but baby reacted poorly to it.

During the examination the infant continuously cried, with high-pitched screams, and full-body shaking. Child had a distended abdomen with excessive bowel gas.

After the first adjustment (to C1) a significant reduction of crying, screaming and shaking occurred. On the second visit, two days later the mother commented, "This is a completely different baby". The vomiting before and after feeding had ceased. Another adjustment was given. By the third visit, a "significant decrease of symptoms" was reported and complete remission of abdominal findings. Baby had been successfully breastfeeding since last visit. No adjustment was needed.

The baby had been symptom free for 5 days and received a second Hepatitis B vaccination. All symptoms returned to a severe degree, plus a low grade fever. Adjustment was given but there was no reduction of symptoms. The patient was adjusted three more times over the next week with minimal reduction in symptoms. By the eighth visit, eight days after receiving the vaccination, the child began to show marked improvement and by the 11<sup>th</sup> visit, no symptoms were noticed and no adjustment was given. Seventeen days after vaccination there was a return of all symptoms; by the 13<sup>th</sup> visit “the infant did not exhibit any significant recurring symptoms.

Dr. Koren comments: the high-pitched screaming the child exhibited is a neurologic cry (*cri-encephalique*) which is due to irritation of the central nervous system. Children who react this way should not be vaccinated again. The MD who vaccinated this child did not follow protocol. The author should have discussed the possibility of vaccine damage with the mother so she could make an informed choice regarding the vaccination of her child.

**Colic with projectile vomiting: a case study.** Van Loon, Meghan. *J of Clinical Chiropractic Pediatrics*. Vol. 3 No. 1 1998. 207-210.

This is the case of a three-month-old male medically diagnosed with colic and projectile vomiting increasing in severity over the previous two months despite medical intervention.

Care consisted of chiropractic spinal adjustments and craniosacral therapy with the resolution of all presenting symptoms within a 2-week treatment period. Proposed cranial and spinal etiologies are discussed as well as the connection between birth trauma and non-spinal symptoms.

**Chiropractic care of infantile colic: a case study.** Killinger LZ and Azad A. *J of Clinical Chiropractic Pediatrics*. Vol. 3 No. 1 1998. Pp. 203-206

This is the study of an 11-month-old boy with severe, complicated, late onset infantile colic. He was unable to consume solid foods for a period of four months, and suffered from severe constipation, muscular weakness and lack of coordination. The baby was unable to crawl, stand or walk and was greatly unresponsive to his surroundings.

[The child had been under medical care at the Rochester Medical Clinic, with no improvement in his condition.]

Following upper cervical specific chiropractic adjustments for a subluxation of the first cervical vertebrae (atlas), there were immediate improvements in muscle strength, coordination, responsiveness, and ability to consume solid foods without vomiting.

**Systemic effects of spinal lesions.** Dhama MSI, DeBoer KF In Principles and Practice of Chiropractic, 2<sup>nd</sup> edition, Appleton and Lange, East Norwalk, CT 1992.

The authors list “organic disorders reported to be related to spinal lesions or affected by chiropractic manipulation,” including: “abdominal discomfort, asthma, Barre-Lieou syndrome, cardiac arrhythmia, colic, constipation, dysmenorrhea, high blood pressure, low-blood sugar and hyperinsulinism, migraine, pulmonary diseases, ulcers, and vertebral autonomic dysfunction.”

Chiropractic management of an infant patient experiencing colic and difficulty breastfeeding: a case report. Cuhel JM, Powell M, *Journal of Clinical Chiropractic Pediatrics* 1997 2(2) 150-154.

A 12-day-old male with difficulty in feeding on the right breast, “fussy” and producing excess bowel gas was brought to the chiropractor.

Subluxations were found at the occiput and atlas. The infant showed visible signs of distress on palpation of the right cervical soft tissue structures.

A chiropractic adjustment was performed to the atlas and the mother was able to breastfeed the infant at the office immediately following the adjustment with no problems nursing on the right breast.

However additional chiropractic adjustments met with limited success. The mother was advised that the injections of Depo-Provera (contraceptive injection) she was receiving may be contributing to the infant's problem. She did not receive the next injection as scheduled. Adjustments were continued and the infant's pattern of breastfeeding and bowel function normalized.

**Infantile colic treated by chiropractors: a prospective study of 316 cases.** Klougart N, Nilsson N and Jacobsen J (1989) *Journal of Manipulative and Physiological Therapeutics*, 12:281-288.

Seventy three chiropractors adjusted the spines of 316 infants (median age 5.7 weeks at initial examination) with moderate to severe colic (average 5.2 hours of crying per day).

The mothers used a diary to keep track of the baby's symptoms, intensity and length of the colicky crying as well as how comfortable the infant seemed. 94% of the children showed a satisfactory response within 14 days of chiropractic care (usually three visits). After four weeks, the improvements were maintained.

One fourth of these infants showed great improvement after the very first chiropractic adjustment. The remaining infants all showed improvement within 14 days.

Note: 51% of the infants had undergone prior unsuccessful treatment, usually drug therapy.

**Infantile colic and chiropractic.** Nilsson N. *European Journal of Chiropractic* 1985;33 (4) :264-65.

In this study, a retrospective uncontrolled questionnaire of 132 infants with colic, 91% of the parents reported an improvement after an average of two to three adjustments and within one week of care.

**Vertebral subluxation and colic: a case study.** Pluhar GR, Schobert PD. *J of Chiropractic Research and Clinical Investigation*, 1991;7:75-76.

A three-month-old female suffering from colic with resultant sleep interruption and appetite decrease received three adjustments with two weeks between adjustments. The areas adjusted were T-7 and upper cervical area. Colic symptoms were relieved.

**Chiropractic adjustments and infantile colic: a case study.** Hyman CA in Proceedings of the fourth National Conference on Chiropractic and Pediatrics. International Chiropractors Association. Arlington, VA 1994: 65-71.

This is the case story of a five-week-old male infant delivered with vacuum extraction.

Two weeks after birth he began to have episodes of “gut wrenching” crying accompanied by arching of the back and gas and flatulence. The child was adjusted at C-1 and T-9 and his condition improved greatly after each adjustment.

**Kinematic imbalances due to suboccipital strain in newborns.** Biedermann H. J. *Manual Medicine* 1992, 6:151-156.

Dr. Biedermann, at the time of this paper, had treated more than 600 babies for what he determined to be “suboccipital strain,” (an upper cervical subluxation.)

135 infants were reviewed in this case series report whose suboccipital strain’s main symptoms included torticollis, fever of unknown origin, loss of appetite and other symptoms of CNS disorders. Other symptoms included swelling of one side of the face, asymmetric development of the skull and hips, crying when the mother tried to change the child’s position and extreme sensitivity of the neck to palpation.

Most patients in the series required one to three adjustments before returning to normal.

Dr. Biedermann writes: “Removal of suboccipital strain is the fastest and most effective way to treat the symptoms...one session is sufficient in most cases. Manipulation of the occipito-cervical region leads to the disappearance of problems...” Some of the cases included:

Case #1 – 4-month-old girl who always slept on her left side, left side of the neck was extremely sensitive to palpation and left lateral flexion of the cervical spine was reduced. A single C-1 adjustment corrected motor activity and child now has normal sleeping patterns.

Case #2 – 5-month-old boy with torticollis, reduced left arm use, asymmetrical development of the skull. A single C1 adjustment and several months later symmetrical development was noted.

Case #3 – 6-month-old girl who was colicky with retarded motor development and recurrent fever. Could not turn head to left. Within hours of her first C1 adjustment she spontaneously turned her head to the left. Her health returned to normal.

**The side-effects of the chiropractic adjustment.** Burnier, A *Chiropractic Pediatrics* Vol. 1 No. 4 May 1995.

E.L. male age 4 months suffered from uncontrolled crying and screaming during all waking hours for months.

There was an immediate resolution of behavior following the first adjustment of CO/C1

on 5/1/91. To date (2/10/94) the child is a normal healthy baby.

**Birth trauma results in colic.** Krauss LL, *Chiropractic Pediatrics* Vol. 2 No. 1, October, 1995

This 9 ½ month old female child was diagnosed as colicky: paroxysmal abdominal pain and frantic crying. The child was adjusted C1 on the right side (using an adjusting instrument) T4-T5 was manually adjusted and the sacrum was instrument adjusted. The following day the mother reported that the infant had slept through the night, a consistent 12 hours, and woke up happy and playful.

**Treatment of infants in the first year of life by chiropractors. Incidents and reasons for seeking treatment.**  
Munck LK, Hoffman H, Nielsen AA. *Ugeskr Laeger* 1988; 150:1841-1844.

The authors performed a retrospective survey of 162 children cared for by doctors of chiropractic in their first year of life.

The conditions seen by DCs were:

- Infantile colic 73%
- Curvature 8%
- Bronchitis 3%
- Allergy 2.5%
- Sleep disorder 1.8%
- Middle ear inflammation 1.8%
- Eczema 0.6%