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COLIC AND CHIROPRACTIC

Presented by:

Introduction

Infant colic is not a disease but rather a condition defined by a collection of symptoms. There is no specific test for colic but the symptoms themselves will result in a colic diagnosis in an otherwise healthy baby.

Colic is generally diagnosed in a baby that cries vigorously for long periods, despite all efforts at consolation. Starting around 2 to 4 weeks of age, colic generally peaks at 2 months, subsiding after 3 to 4 months and resolving by 6 months. Colic begins and ends abruptly often around the same time of day, after meal times, in the late afternoon or evening.

In 1954, pediatrician Morris Wessel



introduced the modern definition for colic as an "otherwise healthy baby who has sudden paroxysms (outbursts) of crying, irritability and fussiness lasting for more than three hours per day, more than three days per week for a period of three months." This definition, referred to as the "rule of threes" is still used by pediatricians. Colic is very common, affecting as many as one in four babies born in the United States.

Some Facts About Colic

- Colic only occurs in otherwise healthy infants - in other words, if your baby has vomiting, diarrhea, constipation, blood in their stools, hasn't slept from teething/illness/time change, etc. - this is NOT colic.
- Colic only occurs in infants where no other cause for the crying can be identified.
- In cultures where babies are constantly held, nursed on demand and attended to without delay when they fuss, colic is virtually unheard of.

QUESTION:

At what age does colic start to appear in a baby?

- A) 2 to 4 weeks
- B) 2 months
- C) 4 to 6 weeks

ANSWER:

A) 2 to 4 weeks

True or False?

Colic only occurs in otherwise healthy infants

ANSWER:

True

Finish this sentence...

Colic is virtually unheard of in cultures where babies are.....

- A) constantly held
- B) nursed on demand
- C) not breastfed
- D) none of the above

ANSWER:

A) constantly held & B) nursed on demand

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- Drug treatment generally has no place in the management of colic, unless the history and investigations reveal gastroesophageal reflux.

A maternal diet **low in** dairy, soy, egg, peanut, wheat or shell fish may offer relief from excessive crying in some breastfed infants. Lactobacillus reuteri, originating in the human GI tract, was found to relieve colic symptoms in breastfed infants within one week of treatment and was more effective than simethicone, suggesting that probiotics may have a role in treatment of infantile colic.¹

Spinal adjusting of babies has been effectively used for colic and has been evaluated in many studies. Adjusting of babies has been suggested as an appropriate intervention to reduce the severity of symptoms in babies with colic. Six studies were recently reviewed by authors with a conclusion that a greater proportion of parents of infants receiving chiropractic adjustment reported clinically significant improvements than did parents of those receiving no treatment. One of the six studies referenced measured infant sleeping time and found adjustments resulted in statistically significant improvement. Another of the reviewed studies looked for adverse events related to the adjusting of infants with colic and none were encountered.²

Some parents may be unsure about taking their baby to a chiropractor. However, chiropractic adjustments will consist of *gentle* pressure on the baby's neck and back to release a subluxation (dislocation).

During birth babies bodies are compressed and misalignment of the neck vertebrae can occur, which may cause digestive issues leading to discomfort and colic. A subluxation can cause the disruption of a nerve from communicating with the brain as it should and a chiropractic adjustment will restore this nerve function.

Likely more than one adjustment will be required before vertebrae are properly aligned and the baby's colic symptoms are resolved.

If you know the parents of an infant with colic or you are the parents of a colicky infant consider chiropractic as a safe and effective treatment.



Quote to Inspire

*"Cure sometimes,
treat often,
comfort always."*

- Hippocrates

References and Sources:

1. Pediatrics. 2007 Jan;119(1):e124-30. Lactobacillus reuteri (American Type Culture Collection Strain 55730) versus simethicone in the treatment of infantile colic: a prospective randomized study. Savino F, Pelle E, Palumeri E, Oggero R, Miniero R.
2. Cochrane Database Syst Rev. 2012 Dec 12;12:CD004796. doi: 10.1002/14651858.CD004796.-pub2. Manipulative therapies for infantile colic. Dobson D, Lucasen PL, Miller JJ, Vlieger AM, Prescott P, Lewith G.

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