

The Benefits of Chiropractic Care For Infantile Colic

By Dr. Risa M. Sloves

Crying is an important method of communication between infants and caregivers. It is nonspecific, in that many different stimuli such as pain and hunger can produce the same response, and parents report that they can discriminate among various types of cries in their infants. Crying can be divided into three categories: normal or physiologic crying, excessive crying secondary to distress such as hunger or disease, and excessive crying without an apparent cause, such as colic.

Infantile colic is a term used to describe persistent, often violent crying in an otherwise healthy infant. Colic affects 10 to 20% of infants less than three months of age and it usually begins in the first few weeks of life. When discussing colic, one may think of “the rule of 3’s” in that colic is more specifically defined as crying that lasts for at least three hours per day for at least three days per week and episodes usually begin between the first three weeks of life and improve by three months of age.

Colic usually occurs between the late afternoon or evening hours. During an episode of colic, infants cry inconsolably and may either draw the knees up to the chest or rigidly stiffen the legs, flex the elbows, clench the fists, and turn red.

The crying associated with colic is believed to be a reaction to pain; however, the source of pain is unclear. Because of the high incidence of spinal joint restrictions in colicky infants, and the interactions between spinal and digestive dysfunction, chiropractors have for years postulated that the pain may be caused by a spinal problem. In fact, clinical experience of good results has now been supported by a multicenter study of 316 infants suffering with colic in Denmark. One of the primary researchers involved in this study is Niels Nilsson, DC MD PhD, who has doctorate degrees in chiropractic as well as medicine. This research found that chiropractic management is safe and effective and that such management, involving palpation of the spinal joints and then manual chiropractic adjustments of joints found to have restricted range of motion, is significantly more effective than standard medical treatment with dimethicone. Dimethicone is a commonly prescribed drug that has been presumed to be useful for the treatment of colic because it has been found to decrease the foam build-up in the gastrointestinal tract. However, many medical studies have failed to

demonstrate that dimethicone is more effective than sham or placebo pills. The study, “The short-term effect of spinal manipulation in the treatment of infantile colic: a randomized controlled trial with a blinded observer” published in The Journal of Manipulative Physiological Therapeutics in 1999, divided the 316 infants that qualified into two groups- one receiving chiropractic manipulation and the other dimethicone. Treatment of the chiropractic group consisted of gentle adjustments to the restricted joints of the spine for an average of 3 to 4 sessions until normal motion was achieved. Infants in the medical treatment group received dimethicone daily for two weeks. The results measured the percent change for each child in the average number of hours of infantile colic behavior per day. It was found that from day 2, the infants in the chiropractic treatment group had superior results showing a reduction in colic behavior of 67% compared to 38% reduction in the dimethicone group. Furthermore, these results were found to be virtually identical to other research studies documenting the effectiveness of chiropractic adjustments for infantile colic.

It should be noted that the main focus of chiropractic practice is not to treat specific conditions or pathological diseases, but to improve nervous system function through the detection and correction of structural imbalance – traditionally termed subluxations. This is done through the use of gentle chiropractic adjustments.

This new research further supports a long held belief of many chiropractors that the primary cause of the pain and other symptoms associated with infantile colic are musculoskeletal in origin rather than digestive. It is imperative to educate parents, as well as pediatricians and other health professionals, about these remarkable findings and to alert them to the benefit of alternative treatments. This information should therefore have a major impact on the clinical management of infantile colic which is unfortunately still a rather common disorder.

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