

Newborns and Infants

Improved resistance to disease - evidence links vertebral subluxation complex to immunosuppression.

“Current research suggests that spinal health is particularly important for children. This applies from infancy, and extends far beyond back pain to prevention and general health. The fact that chiropractic management is conservative and safe, making no use of drug therapy or surgery, will be attractive to many parents. In short it is often sensible to have children under both chiropractic and medical care. Parents should seek professionals who are able to admit their limitations, cooperate with one another, and place the interests of their mutual patients first.” **Chapman-Smith, D The Chiropractic Report, July 1992 Vol. 6 No. 5.**

More studies are revealing the need for spinal care in infancy. Reports from Germany document what chiropractors have said for decades that a significant percentage of newborns and infants have spinal subluxations and they need a chiropractic checkup.

Blocked atlantal nerve syndrome in babies and infants (alternative translations of title The atlas fixation syndrome in the baby and infant; The atlas subluxation syndrome of the baby and infant.)

Gutmann G. Manuelle Medizin 1987 255-10, Trans. Peters RE From the author's abstract Three case reports are reviewed to illustrate a syndrome that has so far received far too little attention, which is caused and perpetuated in babies and infants by blocked nerve impulses at the atlas. The clinical picture ranges from central motor impairment and development through idencephalic impairments of vegetative regulatory systems to lowered resistance to infections, especially to ear-, nose-, and throat infections...Chiropractic can often bring about amazingly successful results, because the therapy is a causal one.”

Gutman is a medical doctor who has been using chiropractic techniques for the past 35 years. From his and other German medical studies Gutman has been led to conclude that only 14-20% of all children are in autonomic balance. The author suggests that of the 80% now in balance many atlas subluxations must be included. He has been “constantly amazed how, even with the lightest adjustment with the index finger, the clinical picture normalizes, sometimes gradually, but often immediately.”

A comparative study of the health status of children raised under the health care models of chiropractic and allopathic medicine. Van Breda, Wendy M. and Juan M. Journal of Chiropractic Research Summer 1989.

Die Kopfgelenksblockierung des Neugeborenen. Seifert J. In Lewit K. Gutmann G (eds) Rehabilitacia, Vol. 8 Prague Bratislava, 197553. Among 1093 newborn 298 babies had upper cervical subluxation and early signs of infantile scoliosis.

Inability to Breast-Feed

Case study infant's inability to breast-feed. Krauss, L. Chiropractic Pediatrics Vol 1 No. 3 Dec. 1994.

The inability to breast-feed due to pain caused by atlas subluxation and TMJ dysfunction. Child had colic, flatulence and outbursts of crying from 9 PM to 1 AM since birth, 19 days prior. Upon examination had inversion and pronation of left foot, left ear was folded, left cervical lateral flexion posture? rooting was poor and facial asymmetry and right lateral mandible. Chiropractic care and CranioSacral therapy was begun. “We suspected that his posture in utero was the primary contributing factor to child's physical asymmetry and subluxation pattern. By fourth week of adjustments baby began to breast-feed from both breasts.”

Balanced facial symmetry

The atlas fixation syndrome in the baby and infant. Gutmann G. Manuelle Medizin 1987 255-10, Trans. Peters RE. Seven-month-old male baby with facial and skull asymmetry since the eighth week of life. After spinal adjustment slept well in all positions for first time. “Skull becoming more symmetrical, facial asymmetry cannot be noticed any more.”

Kinematic imbalances due to suboccipital strain in newborns. Biedermann H. J. Manual Medicine 1992, 6151-156. More than 600 babies (to date) have been treated for suboccipital strain. The suboccipital strain's main symptoms include torticollis, fever of unknown origin, loss of appetite and other symptoms of CNS disorders, swelling of one side of the facial soft tissues, asymmetric development of the skull, hips. “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....”

Foot Inversion/Club Foot/Hip Dysplasia

The resolution of chronic inversion and plantarflexion of the foot a pediatric case study. Ellis W.B., Ebrall, P.S. Chiropractic Technique Vol. 3, No. 2 May 1991. Receptor based manipulative lesions in children who toe walk. Press H. Proceedings of the National Conference on Chiropractic and Pediatrics. Oct, 1993 Palm Springs, CA. Pub. International Chiropractors Assoc., Arlington, VA. Eight children, four normal and four toe walkers were studied. The four toe walkers were diagnosed with childhood schizophrenia. All eight children vocalized and verbalized and appeared more alert and responsive after manipulation of the cervical spine. The four abnormal toe walkers demonstrated restoration of joint position sense, increased mobility of the cervical spine. Parents of all four children reported no observable dysphagia during family meals since the children's second (chiropractic) visit. Also the parents reported undisturbed and less disrupted sleeping patterns since the initial adjustment. After 180 days the children did not exhibit any toe walking. Their family physicians reported normal urinalysis and restoration of the normal cervical lordosis in all four abnormal children.

Hip Dysplasia in 7 day old infant. Case Studies. Webster, L. Chiropractic Showcase Magazine, Vol. 2, Issue 5, Summer 1994. Case study of 7 day old infant with hip dysplasia affecting left leg. Patient wore a brace which restricted movement of both legs. Would not extend left leg and did not have full range of motion. Examination revealed a sacral subluxation. After adjustment child could extend left leg and had full range of motion. Patient returned one week later, no hip dysplasia evident. According to the parents their orthopedist was amazed and could not understand what had happened. Parents did not tell him that they had taken the baby to a chiropractor.

Colic

Infantile colic treated by chiropractors a prospective study of 316 cases. Klougart N, Nilsson N and Jacobsen J (1989) JMPT, 12281-288. 316 infants (median age 5.7 weeks at initial examination) with moderate to severe colic (average 5.2 hours of crying per day) were given chiropractic care. After two weeks of chiropractic (usually three visits) the success rate was 94%. 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. Eur J Chiro 1985;33264-65. 90% success in the treatment of colic was reported.

Vertebral subluxation and colic a case study. Pluhar GR, Schobert PD. J of Chiropractic Research and Clinical Investigation, 1991 ;775-76. From the abstract A case study of a three-month-old female suffering from colic with resultant sleep interruption and appetite decrease is presented. Favorable outcome was realized with adjustment of the child's spine. Chiropractic adjustments and infantile colic a case study. Hyman CA in Proceedings of the 4th National Conference on Chiropractic and Pediatrics. International Chiropractors Association. Arlington, VA 1994. A case study.

Kinematic imbalances due to suboccipital strain in newborns. Biedermann H. J. Manual Medicine 1992, 6151-156. More than 600 babies (to date) have been treated for suboccipital strain. The suboccipital strain's main symptoms include colicky crying, torticollis, fever of unknown origin, loss of appetite and other symptoms of CNS disorders, swelling of one side of the facial soft tissues, asymmetric development of the skull, hips. "Removal of suboccipital strain is the fastest and most effective way to treat the symptoms one session is sufficient in most cases"

Birth Trauma Results in Colic. Krauss LL, Chiropractic Pediatrics Vol. 2 No. 1, October, 1995

From the abstract The objective of this case study is to document the effects of chiropractic on poor sleeping patterns in an infant through a difficult time in an infant's life. Many infants do not sleep well at night or nap time, and are then irritable throughout the day. These infants are often diagnosed as colicky. The term colic is a symptom commonly seen in infants under three months of age, characterized by paroxysmal abdominal pain and frantic crying. The mother, often as a reaction, is also irritable, exhausted, and, at times, depression and self doubt set in. Physical and emotional fatigue can make this time unbearable and bonding with child difficult.

This is the study of a 9 1/2 month old female child with colic. 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.

Constipation

Case study the effect of chiropractic care on an infant with problems of constipation. Marko, S. Chiropractic Pediatrics Vol. 1 No. 3 Dec. 1994. Infant began having constipation at age 6 months when solid foods were introduced. In order for her to have a bowel movement she had to be in a wann bath with her legs up and her abdomen massaged.

At one point the baby actually became impacted and emergency care was needed. Was not uncommon for her to go a week to ten days between bowel movements. After the second chiropractic adjustment patient had a bowel movement all by herself. Within two weeks began havng regular bowel movements by herself every two or three days. At 23 months the patient began to walk and she has at least one totally normal bowel movement evey day.

Improved Sleep

Case report The effect of a chiropractic spinal adjustment on toddler sleep pattern and behavior. Rome PL. Chiropractic Journal of Australia, 1996;26 11 - 14.

Author's abstract The interaction of the cervical spine with the nervous system, and the effectiveness of spinal adjustment in the management of the poor sleeping pattems of a 12- month-old male are discussed. The history of an often irritable, unsettled infant, is also presented with a brief, but relevant, research review. Since birth this 12 month old boy wou]d wake up 7-8 times a nisht. Medication (Panadol[®]) had been given without success. Following the first adjustment (C 1/2 and T 8/9) the child slept for seven hours. A second case is briefly discussed of a 4-month-old boy with depressed appetite who slept only 30 minutes at a time. After one adjustment he slept for 11 hours. Four months later he had a fall and his poor sleeping habit returned. After one adjustment the sleeping returned to normal, in addition he had a normal appetite.

Kinematic unbalances due to suboccipital strain in newborns. Biedermann H. Manual Medicine 1992, 6151-156. The atlas fixation syndrome in the baby and infant. Gutmann G. Manuelle Medizin 1987 255-10, Trans. Peters RE. Examination of 1,250 infants five days after birth showed over 25% were suffering from vomiting, irritability and sleeplessness. Examination showed that 75% of these infants had cervical (neck) strain. Treatment frequently resulted in an immediate relief of the symptoms.

Functional disorders (fxations) of the spine in children. Lewit K. Manuelle Therapie, J.A. Barth, Leipzig, 1973. Chap.2.7, pp.50-54. Functional disorders in children may manifest themselves as sleep disorders, loss of appetite, psychic problems, dysmenorrhea and may not exist as spinal pain. Studies on healthy children revealed pelvic subluxations in 40% of all school children, cervical fixation in l 5.8%. After manipulative treatments, the problems rarely recurred.

Relations of disturbances of cranio-sacral mechanisms to symptomatology of the newborn. Fryman V. JAOA. 1966;651059. In a group of 1250 unselected babies examined five days post partum, a group of 211 'nervous' children were found suffering from vomiting, hyperactivity, tremors and sleeplessness. Release of'strain' in the skull resulted in immediate quieting, cessation of crying, muscular relaxation and sleepiness.

Blocked atlantal nerve syndrome in infants and small children. Gutman G. ICA Review, 1990; July37-42. Originally published in German Mamelie Medizin (1987) 255-10. From the abstract Three case reports are reviewed to iliustrate a syndrome that has so far received far too little attention, which is caused and perpetuated in babies and infants by blocked nerve impulses at the atlas. Included in the clinical picture are lowered resistance to infections, especially to ear-,nose-, and throat infections, two cases of insomnia, two cases of cranial bone asymmetry, and one case each of torticollis, retarded locomotor development, retarded linguistic development, conjunctivitis, tonsillitis, rhinitis, earache, extreme neck sensitivity, incipient scoliosis, delayed hip development, and seizures.

Torticollis and Scoliosis

Chiropractic adjustments and congenital torticollis with facial asymmetry a case study. Hyman C.A. ICA Review September/October 1996. Pages 4145.

Kinematic imbalances due to suboccipital strain in newborns. Biedermann H. Manual Medicine 1992; 6151-156. More than 600 babies (to date) have been treated for suboccipital strain. The suboccipital strain's main symptoms include torticollis, fever of unknown origin, loss of appetite and other symptoms of CNS disorders, swelling of one side of the facial soft tissues, asymmetric development of the hips.

"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....".

Chiropractic correction of congenital muscular torticollis. Toto BJ. JMPT. 199316556-559. A 7-month-old male infant with significant head tilt from birth. History included ear infections, facial asymmetry and regurgitation (15 times per day). The child cried frequently and rarely laughed. Diversified chiropractic adjustments were performed three times a week for three months. After 5 months of chiropractic care head tilt and associated muscle spasm were absent. Regurgitation became less frequent.

Blocked atlantal nerve syndrome in infants and small children. Gutman G. ICA Review, 1990; July37-42. Originally published in German Manuelle Medizin (1987) 255-10. From the abstract Three case reports are reviewed to illustrate a syndrome that has so far received far too little attention, which is caused and perpetuated in babies and infants by blocked nerve impulses at the atlas. Included in the clinical picture are lowered resistance to infections, especially to ear-, nose-, and throat infections, two cases of insomnia, two cases of cranial bone asymmetry, and one case each of torticollis, retarded locomotor development, retarded linguistic development, conjunctivitis, tonsillitis, rhinitis, earache, extreme neck sensitivity, incipient scoliosis, delayed hip development, and seizures.

Male child - Age 5 from a central American country.

Prior diagnosis malformation of cervical spine, severe scoliosis, occiput position severely anterior to cervical spine. Not vocalizing well. Absence of T-cells, immune dysfunction, has colds all the time. Surgery had been considered to correct skull positioning.

In the first series of adjustments we adjusted the child in a sitting position utilizing the infant toggle headpiece. The Atlas was adjusted ASL. Child was reevaluated in native country and medical staff stated that everything was now normal. Child returned to U.S. for care 6 months later. Vocabulary was now normal. Head position normal. No colds evident during these months. Scoliosis was greatly reduced.

International Chiropractic Pediatric Association newsletter. November 1996