One person's quest for good health

## The Baby Who Couldn't Stop **Crying**

Her ear infections were making the whole family miserable. But the solution was surprisingly gentle.

BY DOROTHY FOLTZ-GRAY

Laurel Hennen Vigil was never an easy baby. She had caused her mother, Leah, an extremely difficult pregnancy, and she entered the world in an abrupt and

accidental delivery at home in Brooklyn, New York. Although beautiful and healthy, she was inconsolable from the beginning. She cried when she wasn't being held—and sometimes when she was—and slept only in all-too-brief bouts of 20 minutes on her mother's chest. When Leah

showered, her husband had to hold Laurel, screaming, in the bathroom, so she could see her mom.

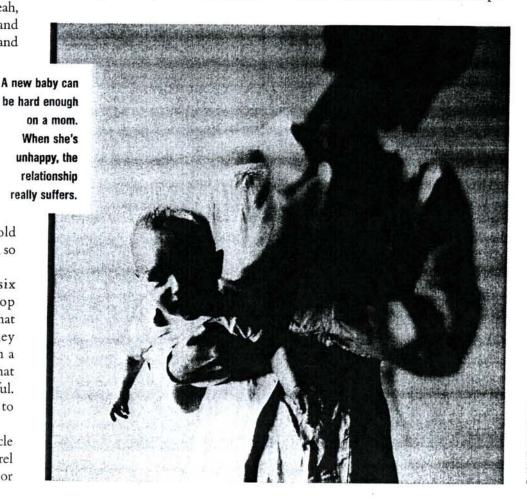
And it only got worse. At six months, Laurel began to develop monthly ear infections so severe that both her eardrums ruptured. They would heal quickly—usually within a week—but the buildup of fluids that causes the rupture is horribly painful. To soothe herself, Laurel wanted to nurse constantly.

Each month the nightmarish cycle of illness began the same way: Laurel would get a cold, and within a day or

two the pain in her ears would escalate, her screams battering at her mother's eardrums. Leah, an editor working at home, also had a three-year-old son, and soon found she could accomplish almost nothing. Her full-time job became caring for one child under siege from infection, and another who was getting more and more upset by what he perceived as his mother's abandonment of him.

The siege was especially tough on Leah's relationship with Laurel. Fun, lighthearted moments were few and far between; what they shared instead was exhaustion and stress. "When Laurel was sick, it felt like she was clinging to me for dear life around the clock," says Leah. "On top of being torn-up about the pain she was feeling, I was really depressed and resentful. It seemed like we were in crisis mode more often than not, and that took its toll."

Soon Leah became expert at recognizing Laurel's symptoms, rushing her to the pediatrician at the first sign of a cold. Like Leah, Laurel's doctor knew that the sniffles would probably evolve into ear troubles, which would require antibiotics. But he didn't want to pre-



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scribe them too soon, so Leah would return home empty-handed, knowing she and Laurel faced a torturous night. Together they lay in bed, Laurel wailing on Leah's chest as her ear pain worsened. When Laurel finally calmed down, Leah would see pus draining from her baby's ears, the sign that her eardrums had ruptured.

Finally, as this scenario repeated month after month, the doctor relented, giving Laurel antibiotics at the start of a cold. Still, every month her eardrums ruptured like clockwork. Although both Leah and her husband were willing to consider putting ear tubes in their daughter's eardrums, a procedure that equalizes the pressure on both sides, the doctor urged them to hold off, hesitant to put so young a child under general anesthesia.

He referred them to a homeopath, who recommended a Chinese herbal remedy, a nasty concoction Leah had to force down Laurel's throat. Still, the ears filled and ruptured as if on schedule. By the time Laurel was 22 months old—16 months after the infections had started—the doctor finally put her on a continuous low dose of antibiotics.

But even that didn't completely solve the problem. Laurel's pain didn't go away, and Leah began to worry about all the medication she was taking. That's when a friend suggested taking Laurel to a cranial osteopath.

Under the circumstances, Leah, who's generally skeptical about unconventional treaments, was willing to give it a try. She read up a bit about osteopathy on the Internet, and it sounded gentler than she had expected. Even more convincing, her friend had a very fussy baby, and after several sessions with an osteopath, the baby seemed to relax. Impressed, Leah made an appointment.

In the first visit, the osteopath took a history of Leah's pregnancy and delivery and of Laurel's health since the birth. She examined the baby physically, using her fingers to assess patterns of

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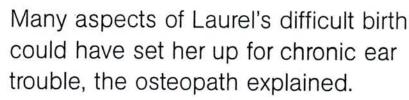
tension in the body. She also took the baby off the low-dose, preventive antibiotics to give her natural immunity a chance to kick in.

The theory behind cranial osteopathy is that the bony structure of the

body, and the brain and spinal cord (and their surrounding membranes and fluids), have an inherent rhythm of movement as vital as breathing. When this movement is restricted, it has ramifications for overall health.

Leah's difficult pregnancy and the baby's rapid delivery, the osteopath said, had likely given rise to overly tight membranes and excess tension, especially in Laurel's head and neck. In any birth, the membranes in the baby's head tighten, pulling in flexible skull bones to facilitate the trip down the birth canal, a process regulated in part by fetal adrenaline. In a rapid birth, adrenaline levels shoot way up and cause even greater tension in the membranes. In Laurel's case, that tightness tion of more adrenaline.

And there was more, the osteopath said. As Laurel's head squeezed through the birth canal, it's likely that one side bore more of the pressure than the other. If so, the temporal bones con-



had remained. The osteopath also noted that the top vertebra on her spine rotated to the left, a position that could interfere with the drainage of mucus from her middle ears. Its twist may also have been placing added pressure on the vagus nerve in the neck, which in turn would stimulate secretaining the ear canal may have been squeezed out of alignment, which would also be halting fluid drainage in the middle ear. Without the proper movement of those bones, fluid backs up, sitting like a stagnant pond waiting for bacteria to set up shop.

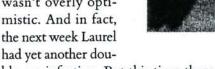
As Leah absorbed these facts, she

personal

journey

watched the osteopath cradle Laurel's head, manipulating it with her fingers to loosen the tight membranes. She appreciated the osteopath's gentle touch, but it also seemed that the movements were almost imperceptible, and that the

doctor wasn't really doing very much. So when Leah took Laurel home, she wasn't overly optimistic. And in fact, the next week Laurel had yet another dou-



ble ear infection. But this time there was one important difference: Her eardrums didn't rupture.

Encouraged, Leah continued to take Laurel to the osteopath every other week for 11 weeks. During each visit, the osteopath manipulated Laurel's body to loosen the connective tissue in

her legs, spine, diaphragm, neck, shoulders, and head. By the third treatment, Laurel's ear infections had stopped. The osteopath then focused on relaxing Laurel's abdominal area, which can be tight after a difficult birth.

started enjoying our days together. She's much more engaged with her father and brother, too."

Ever the skeptic, Leah still wonders whether the treatment just happened to coincide with a natural maturation

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By her final visit, Laurel had been healthy for several weeks. In fact, at age four, Laurel hasn't had an ear infection since. For Leah, her daughter's newfound health was a profound blessing that restored ease to their relationship. "She's happier, and she's sleeping better," Leah says. "And we've finally of her daughter's ear tubes. "But whatever the case, I don't care," she insists. "The treatment seemed to help, and I'm grateful."

**Dorothy Foltz-Gray** is a freelance writer in Knoxville, Tenn. She wrote "The Magic of Mushrooms" for the Jan/Feb issue.