

Colic: Crying Shame To Misdiagnose Baby

Colic has reached epidemic proportions, with an estimated one in four infants afflicted, yet most pediatricians admit they know very little about the causes and even less about treatment to address the problem.

Conventional wisdom holds colic is caused by some vague gastrointestinal upset that triggers inconsolable crying for a minimum of three hours at a time over a period of weeks, or even months.

What to do for a colicky baby? “Babies grow out of it,” is the general response from doctors. “Live through it.”

Not the case argues a growing body of at least 1,000 fully licensed physicians and surgeons whose track record for successfully treating hundreds of colicky babies can no longer be ignored. The “cranial osteopaths” are convinced colic is caused by “birth trauma,” resulting from events surrounding the birth process, which often leave a trail of dysfunction in the tissues, structural disorders and membranous distortions affecting the nervous system.

Moreover, whereas allopathic (conventionally trained) doctors have very little to offer exhausted parents, the nation’s “cranial osteopaths” are boasting a high percent success rate when treating colicky babies with the non-invasive manual manipulation offered by D.O.s specializing in this neuromusculoskeletal medicine. (The physicians train several

additional years after medical school to specialize in this field of medicine.)

Generally, symptoms abate after treatment. And, unlike, many of their M.D. colleagues, osteopaths don’t believe all babies outgrow the condition. In more severe cases, osteopaths argue “birth trauma” left untreated, may result in more serious health problems (i.e. earaches, respiratory disorders, learning difficulties, etc.).

What physicians can agree upon is the head (cranium) takes the brunt of the force of labor and osteopaths are among the rare field of specialists able to determine just how much force has been inflicted and to what extent the neuromusculoskeletal system has been impaired.

At birth, the infant’s head comprises approximately 50 percent of the newborn’s body surface.

From the osteopathic perspective, traumatic birth events such as prolonged labor, excessive pushing on the infant’s head against the mother’s organs in utero, the use of pitocin to spur on delivery or cranial pressure as the baby’s head is squeezed through the birth canal, can all create mild to extreme dysfunction in the newborn’s body. Regrettably, the infant’s head may be compressed for even months if the mother’s uterus is twisted or misshapen.

“Infants can often self correct in cases involving mild to moderate mechanical disorders,” says Los Angeles D.O. Eric Dolgin, president elect of the Cranial Academy, a professional organization comprised of osteopathic physicians, “But when the

forces of labor become too great,” Dr. Dolgin says, “the infant will hold these distortions in the entire body framework.”

In an exhaustive study published on “birth trauma,” Dr. Viola Frymann, founder of the Osteopathic Center for Children in San Diego, discovered 80 percent of the 1,250 infants she chronicled in the research suffered from some form of trauma incurred from birth. The symptoms included colic, ear infections, impaired sucking and swallowing and frequent spitting up or vomiting. In most colicky babies, the occiput (back and base of skull) takes the brunt of the force of labor and osteopaths hardly consider it a coincidence that this network of delicate nerve endings is directly linked to the gastrointestinal tract. Allopaths concur the GI tract has “something” to do with colic.

In treating colic, cranial osteopaths are achieving excellent results through gentle manual manipulation designed to restore proper mechanical function. “The goal is to release the compression around the cranial nerves that are connected to the gastrointestinal tract,” says Dr. Dolgin.

Amy Karle endured 21 days of her baby’s wailing from colic until she found her way to Dr. Dolgin’s office, and like most patients, she discovered the physician based on word-of-mouth referral.

Typically an infant is laid on a treatment table facing upward while the osteopath palpates (feels) the dysfunction in the “affected anatomy.” As Dr. Dolgin began to gently release

the strain patterns in the child’s cranium Karle’s two month old Alyssa’ wailed for 15 minutes straight – then fell into a deep sleep. She slept for three and a half hours that night,” a change for never haven slept for more than one hour. “The deepest sleep she had since she was born,” says Karle, who made the 2-1/2 hour drive to the osteopath’s office. After a series of treatments, Alyssa appeared free of her colicky symptoms. “It was like a miracle,” says Karle who has referred several patients to Dr. Dolgin’s thriving Los Angeles practice.

Children who do not respond to treatment often have food sensitivities: something the mother is transferring from her breast milk to the infant.

In addition to colic, osteopaths treat a myriad of common pediatric problems including ear infections, allergies and asthma. Dr. Lawrence Lavine says he hasn’t used antibiotics since 1995 to treat an ear infection at his Tacoma, WA practice. Instead, Lavine clears up most infections using manual manipulation to remove the compression around the Eustachian tube. “Many times children feel the pain go away while they are still in my office,” he says.

Despite the growing acceptance, osteopathy is still relegated to “alternative” medical treatment. While conventional medicine remains committed to the use of drugs to treat pediatric problems, cranial osteopaths steer clear of invasive procedures and medication.

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