

Aside from being stressful, tiring even heart-breaking for parents infant colic can cause both physical and psychological symptoms in parents and can lead to marital tension, social disruption and child abuse.¹ The causes of infantile colic are still unknown and traditional medical intervention is often ineffective.¹ The traditional medical management for colic involves prescribing drugs such as simethicone drops or proton pump inhibitors. However, systematic reviews have consistently shown that these interventions are no more effective than placebo.²

What is colic?

When a baby cries inconsolably for more than three hours per day, more than three days per week, for longer than three weeks this is known as 'infantile colic.'² Colic affects up to 40% of children worldwide.^{1,2}

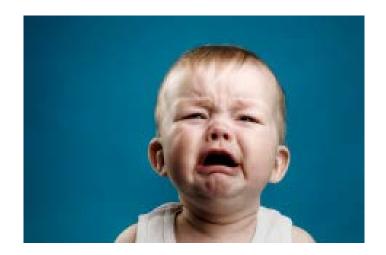
Why try chiropractic?

Chiropractic is a safe and effective choice for even the smallest members of society.³⁻⁵ In one study researchers showed that babies who received chiropractic care cried significantly less than those who did not receive care.⁶ Because so many high quality clinical trials have shown chiropractic care helps babies with colic cry less - up to 50% less - it's well worth giving it a go!

Is it safe for kids?

Over recent years the safety of chiropractic care for children and infants has been investigated by many researchers.³⁻⁵ The results of their studies suggest that chiropractic care can be safely provided to even the youngest members of our society. Adverse events in children after chiropractic care are rare and usually don't require further care.³⁻⁵





It's every parent's nightmare - your beautiful newborn is in obvious distress and you can't figure out how to console your little monkey. The suffocating array of parental advice may be leaving you confused. So, what do you do when your baby has colic? In this issue, we have summarised some of the latest research on infants with colic. We hope to bust some myths and put your mind at ease.

As many as 40% of all babies suffer from colic.^{1,2} A study conducted in the UK looked at the effectiveness of chiropractic care in affected children.⁶ The researchers observed 104 babies who were randomised into three groups. The first group of babies were given chiropractic

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care and their parents knew they were seeing a chiropractor. The second group also received chiropractic care, but their parents didn't know whether their baby was receiving the care, or

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the control intervention. And the third group didn't get checked by the chiropractor; instead they received the control intervention. These parents also didn't know whether their baby was receiving care or the control.

Crying in babies receiving chiropractic care reduced by around 50%.⁶

Parents were asked to complete a 10-day 'crying diary'. The findings from this study suggest that even without chiropractic care crying time reduced. However, babies under chiropractic care cried up to 3 hours less compared to those who did not receive care.

Interestingly, the parent's awareness of whether their baby was receiving chiropractic care, or the control did not matter. This confirms previous studies that have also shown babies with colic responding well to chiropractic care.⁴ It suggests that the child's improvement is probably due to chiropractic and not parent bias or parent placebo effect.

Further, this study found that excessively crying babies were (at least!) 5 times less likely to cry if they received care, compared to not receiving



care. So it's very likely that chiropractic care really does help at least some babies who are suffering from colic.

Remember that the chiropractor isn't directly trying to treat the colic. Instead they're trying to improve spinal function with the aim of improving your child's brain's ability to process what's going on in their body. And for some kids this seems to result in less crying time! This has to be a good thing for the whole family!

> Chiropractors modify their techniques to suit the age, anatomy, and unique physiology of their young patients.¹



1. Alcantara et al. Explore (NY). 2011;7(3):168-174. 2. Johnson et al. Am Fam Physician. 2015;92(7): 577-582. 3. Alcantara et al. Explore (NY). 2009;5(5):290-295. 4. Doyle. Clinical Chiropractic. 2011;14(3):97-105. 5. Todd et al. J Manipulative Physiol Ther. 2014 6. Miller et al. J Manipulative Physiol Ther. 2012; 35(8):600-7

