

# Cranial And Chiropractic Treatment – A Helping Hand For Baby Health

Julian Keel gives us an insight into the common problems faced by his youngest patients.



**As a chiropractor who treats adults, children and babies I have to ask myself why it is that some people are more prone to problems such as headaches, back pain and sports injuries. Is it because of unresolved birth stresses to their spine and skull (cranium) carrying on into adulthood?**

There are a number of factors that can influence the stresses placed on the baby prior to birth and during it. In my last article I wrote about some of the causes of intrauterine constraint and how the position of the baby can be influenced by the health of the mother's pelvis and supporting muscles.

In this article I will try to outline some of the reasons for birth trauma, the manifestations of these and how they may present clinically and why I feel it so important to get babies checked as soon as possible.

The mechanisms of labour are complex and unique for humans compared to other mammals as a combination of a pelvis adapted to upright weight bearing, a long gestation period and the large size of the human brain, means that a baby's journey involves the cranial structures 'moulding' to accommodate the shape of the birth canal. Some of the bones 'telescope' under pressure but 'lock' together and protect the brain to prevent neurological damage.

Also the head and neck of the baby has to rotate during descent and the shoulders have to compress. The baby's head is subjected to a combination of shear, rotation and vertical pressure stresses during birth and these are absorbed into the cranial tissues and vertebral column.

Normalising the cranial moulding should occur naturally within 24 hours of birth. However, on many occasions this does not happen and cranial examination would be strongly advised.



Major birth injuries are usually spotted early on and will therefore be diagnosed and treated. Such injuries include fractures, lacerations, ruptures, dislocations and nerve lesions.

The majority of injuries I deal with fall into the category of 'minor' birth trauma. This is often undiagnosed at birth. Parents are left with an apparently 'healthy' but unhappy baby and are often told that she will "grow out of it".

### Gentle treatment for little people

Treatment of babies involves extremely gentle and focused pressure on parts of the skull, spine and pelvis in order to decompress and unwind the stresses that have become 'locked' into the system of connective tissues. This has the effect of relieving the physical discomfort of these stresses and 'down-shifting' the resulting over-stimulation or dysfunction of the nervous system. Relief from the effects of these stresses on the various and many nerves that supply areas such as the diaphragm, digestive system, muscles of suckling and swallowing, and muscles of the neck will have very positive effects on improving the many conditions mentioned in the 'what' list.

### Case Study 1

A lovely 5 week old baby girl brought in by concerned mother. Baby was very unsettled during day and night, crying a lot after initially being very sleepy for first two weeks.

Birth and pre natal history confirmed that she had been in a transverse lie prior to birth and caesarean section was performed where it was discovered the umbilical cord was wrapped around her neck.

Examination revealed a healthy baby who had been happier with her head turned to the left, this had started to contribute to flattening of the back of her head on the left side. Her general attitude was slightly 'banana' shaped with her body curving throughout into a left lateral bend with slight torsion at the top, middle and bottom of her spine.

Treatment was directed at 'unwinding' the distorted tissues and releasing the cranial compression. She was noticeably more restful after the first two visits (3 days apart) and I noted good symmetry at the fourth visit when mum was happy to report her and baby were both sleeping better!

### Case Study 2

Beautiful little baby girl born in what seemed to be perfect circumstances. However, what seemed quick and easy to mum, may have been a little too quick for baby's head and body to cope. No apparent symptoms initially but mum and dad noticed flattening of her head at the back, particularly on the right side, at around 5 weeks, and brought her in to see me at 10 weeks.

Further examination revealed a more prominent brow on the right and slight deviation of her jaw to the left. Mum also indicated at the time of consultation that she had always found difficulty feeding her on her left breast, with baby moving around a lot and crying at times. There had been a period of reflux that was being treated using a homeopathic remedy. Parents had also noticed the left shoulder giving way when giving baby 'tummy time'.

Treatment was directed at correcting the strain pattern that effected the head and body of this baby as all her symptoms could be attributed to them and I advised the parents to purchase a special pillow that allows the baby to sleep comfortably supported on her side to help the correction to be maintained.

All signs of problems resolved within 6 visits (at weekly intervals).

Emotional and physical well-being and optimal health are worthy goals. An untreated child will in time adapt around the pain or dysfunction, but will have used up much of their 'buffer zone' in doing this. This is believed to bring down tolerance to further stresses and challenges to the mind and body leading to irritability, anger, frustration, low attention span, headaches, digestive problems, sleep problems, learning difficulties, fatigue and less resilience to illness.

Much is invested on gadgets and gizmos for our babies. A natural and effective approach to improving the well-being of our children is one of the worthiest investments I'm privileged to be able to assist with.

**Dr Julian Keel BSc DC - Doctor of Chiropractic**

A Richmond branch NCT member, Julian Keel is a registered chiropractor practising locally and offering chiropractic and cranial treatment for adults, babies and children. As well as an extensive sports injury and general rehabilitation background, Julian specialises in the care of the mother pre and post natally and the health of babies and children.

\*Commonly seen now with new recommendations to lie exclusively on the back (although not strictly the only recommendation, as lying on side is also to be advised; special pillow can be purchased to aid this positioning), plagiocephaly is thought to occur when there has been a disruption of the connective tissues of the cranial base caused by poor intrauterine position or abnormal stresses during delivery. Starts to show up as the baby's head grows (so is not normally seen for first few weeks). Can be made worse if there is asymmetrical neck tension causing the baby to favour one head position.

(The developmental outcomes of children with NSDP were looked at in a study by Miller and Craven (2000). 39.7% of children with NSDP in the study received special help in primary school. The authors concluded children with NSDP comprised a high risk group for developmental difficulties).

### Why?

Some of the most common causes of birth trauma are:

- Syntocinon to induce labour – associated with strong uterine contractions and increased foetal head pressure
- Malpresentation – breech, transverse lie, face/brow presentation, occiput posterior or occiput transverse
- Delivery in supine position – can reduce diameter of birth canal by up to 1.5cm
- Multiple pregnancy eg twins
- Prolonged labour; particularly 2nd stage
- Precipitate labour - quick delivery
- Epidural anaesthesia
- Forceps, ventouse, caesarean

There is often a cascade of events that could include many of the above factors.

### What?

Birth trauma commonly results in at least one or a combination of the following symptoms, all of which can be distressing for parents and baby alike. With gentle cranial and chiropractic treatment I find these are often resolved.

- Infant suckles well from one breast only.
- Infant prefers to hold her head in an extended, side bending or rotated position
- Congenital torticollis
- Baby dislikes lying on her back
- Poor sleep pattern, regularly waking screaming
- Suckling briefly and then appearing to tire of feeding
- Problems with mouth opening fully to cover the areola of nipple
- Weak suck/strong suck (mother: sore nipples)
- Coughing/choking during feeds
- Colic
- Reflux; vomiting after feeding; 'silent reflux'
- Nervous/crying/restless/tense/startle easily
- Floppy baby
- Infant distressed by nappy changing – uncomfortable to flex hips/put pressure on sacrum
- Constipation/diarrhoea
- Glue ear
- Plagiocephaly\* – flattened-head syndrome or NSDP (Non-synostotic deformational plagiocephaly)