# Children

Children need chiropractic too! Many researchers have documented and reported on the intimate relationship between spinal health and overall health in children.

"The Journal of Pediatrics reports that 'Alternative Medicine (AM) is an aspect of child health care that no longer can be ignored' in a study that determined that 11% of those surveyed had taken their child to an AM provider. The most used was chiropractic. The mothers who chose AM were better educated than those who chose conventional medicine. The medical reasons for seeking alternative care were for respiratory (27%), ENT (24%), musculoskeletal (15%), skin (6%), gastrointestinal (6%), allergies (6%), and prevention (5%). The factors influencing choice of AM were word of mouth (32%), fear of drug side- effects (21%), chronic medical problems (19%), dissatisfaction with conventional medicine (14%), and more personalized attention (9%). ICA Review Sept/Oct 1995 p.5.

"According to figures released by the National Association of Teachers over 35% of all school aged children have been diagnosed and labeled disabled (including physical, mental and emotional disorders and learning disabilities.) The fastest growing population in the United States is now children with disabilities. Millions of children are being drugged everyday before going to school - these children need an opportunity to be treated naturally before resorting to chemical treatment with proven deleterious side-effects." From Chiropractic and the disabled child by Bobby Doscher, D.C. Editorial in Chiropractic Pediatrics Vol. 1 No. 4 May 1995.

# Spinal health

**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 are considered to be the first manifestations of vertebrogenic disease, with first symptoms appearing at a young age. In a total of 57 children's migraine cases, 48 had excellent results after manipulative therapy. 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 15.8%. After manipulative treatrnents, the problems rarely recurred.

**The concept of research of vertebrogenic disease in CSSR. Stary O. Clinic of Neurology, Charles Univ. Prague, Acta Universitatis Carolinae (Med) Suppl. 1965.** Data reveals that more than half the population suffers from vertebrogenic diseases for certain periods of their life. Disorders of the vertebral colurun may start in childhood many years before clinical manifestation.

**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.

**Lumbar dysfunctions in children. Bourdillon JE, Day EA, Bookhout MR Spinal Manipulation, 5th edition. Oxford, England, Butterworth-Heinemann Ltd, 1992.** From the book "In school children's orthopacdic clinics one of the authors saw many primary school children with symptoms arising fiom lumbar dysfunctions. In most of these a parent would remember an injury when specifically asked, but the history had to be searched for before it was mentioned. Unless they are treated, by the time these children have reached adulthood, the compensatory asymmetries will almost certainly have become fixed and themselves require treatment."

# Decreased intensity of children's diseases

The relationship between intensity of chiropractic care and the incidence of childhood diseases. Rose-Ayrnon S, Aymon M. Prochaska-Moss G, Moss R, Rebne R, Nielsen K. Journal of Chiropractic Research, 1989 (Spring) 70-77.

A comparative study of the health status of children raised under the health care models of chiropractic and allopathic medicine. Van Breda, WM and Van Breda JM Journal of Chiropractic Research Sumrner l 989. Lower antibiotic use and lower incidence of disease was reported in the chiropractic children. If the "chiropractic" children did get measles, rubella or mumps it was reported that the diseases were quite mild compared to those exhibited by their classmates.

# Bed-wetting

**Chiropractic management of primary nocturnal enuresis. Reed WR, Beavers ScoK, Reddy SK, Kern G. JMPT Vol. 17, No. 9 Nov/Dec 1994.** From author's abstract A controlled clinical trial for a 10 week period preceded by and followed by a 2 week nontreatment period. Participants Forty-six nocturnal enuretic children (31 treatment and 15 control group), from a group of 57 children initially included in the study, participated in the trial. Results...Twenty-five percent of the treatment-group children had 50% or more reduction jn the wet night frequency from baseline to post-treatment while none among the control group had such reduction.

**Nocturnal enuresis treatment implication for the chiropractor. Kreitz, B.G. Aker, P.D., JMPT 199417(7) 465-473.** A review of the literature of nocturnal enuresis is presented. The author states "Spinal manipulative therapy has been shown to possess an effcacy comparable to the natural history."

**Chiropractic care of children with nocturnal enuresis a prospective outcome study. LeBouf C, Brown P, Herman A et al. JAlPT, 1991;; l 4(2) 110- 115. 171** children with a history of persistent bed-wehing at night received eight chiropractic adjustments. Number of wet nights fell from 7/ week to 4. At the end of the study 25% of the children were classified as successes.

**Management of pediatric asthma and enuresis with probable traumatic etiology. Bachman TR, Lantz CA Proceedings of the National Conference on Chiropractic and Pediatrics (ICA), 1991 14-22.** A 34-month-old boy with asthma and enuresis had not responded to medical care. More than 20 emergency hospital visits had taken place for the asthma attacks during a 12-month history. Three chiropractic adjustments were administered over an 11-day period and the asthma symptoms and enuresis ceased for more than 8 weeks. The asthma and enuresis reoccurred following a minor fall from a step ladder but disappeared after adjustments. After a two-year follow-up the mother reports no reoccurrence of the asthma or the enuresis.

**Chiropractic management of enuresis time series descriptive design. Gemmell HA, Jacobson, BH JMPT 1989; 12386-389.** Case of a 14-year-old male with a long history of continuous bedwehing that was alleviated (not completely cured) by adjustments. Although not a research study, this exchange of columnist "Dear Abby" addresses bedweKing from a man-on-the-street perspective Dear Abby I took my 15-year-old twin sons (both daily bed-weKers) to a chiropractor, and within a month, both boys were completely cured. Regular medical doctors could not help them. True Believer. Dear True believe I believe you. I have several hundred letters bearing the same message concerning chiropractors (SF Chronicles 3/5/92).

**Functional nocturnal enuresis. Blomerth PR. JMPT 199417335-338.** Eight-year-old male bed wetter. Lumbar spine was manipulated once and at 1 month follow-up there was complete resolution of enuresis.

# Skin

**Chiropractic management of a pediatric patient with eczema. Lacunza C, Waldron M,Tarr W. Life Work, 1995 (Summer); 3 20-25.**

This 16-month-old female patient presented to a chiropractor with eczema lesions covering the entire body except for the diaper area. Her eczema began shortly after her mother added formula to her diet, along with breast milk. In addition to the skin condition she also suffered from constipation. The medical intervention suggested was cortisone therapy, but the patient declined. Her mother tried homeopathic remedies, removing cow's milk from the diet and Diversified, Bio Energetic Synchronization Technique (BEST) and Toftness without success. Chiropractic adjustments were administered for 5 weeks, after which the eczema completely resolved. After two Alphabiotic adjustments over a four day period the eczema was reduced by 50% and she was napping longer. After three weeks (7 more adjustments) the eczema was almost gone.

# Tonsillitis

**Lewit in The Neurobiologic Mechanisms in Manipulative Therapy Ed. I.W. Korr, Plenurn Press 1978.** "Taking the case history in patients with vertebrogenic disturbances, I was so struck by the high incidence of chronic relapsing tonsillitis that I took a random sample of 100 cases from my files and found that 56 had a history of chronic relapsing tonsillitis or tonsillectomy for that reason, while only 44 had no or only incidentally tonsillitis." A later systematic study was carried out under the care of an otolaryngologist. Movement restriction (hypomobility) at the craniocervical junction was found in the great majority between occiput and atlas (70 cases or 92%).

**Lewit K ( 1991 ) Manipulative Therapy and Rehabilitation of the Locomotor System, 2nd ed., Butterworth-Heineman, Oxford, 259.** 37 children with chronic tonsillitis were treated by manipulation. Tonsillitis disappeared in 25 of them. "Tonsillitis goes hand in hand with movement restriction in the craniocervical junction."

**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.** Two hundred pediatricians and two hundred chiropractors that were randomly selected to determine any differences were to be found in the health status of their respective children as raised under different health care models. Nearly 43% of the medical children had suffered from tonsillitis, compared to less than 27% of the chiropractic children. Lower antibiotic use and lower incidence of disease was also reported in the chiropractic children.

**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.

# IQ scores improvement

**A pilot study of applied kinesiology in helping children with learning disabilities. Mathews MO, Thomas E, British Osteopathic Journal Vol. X11 1993; Ferreri CA (1986)** "All of the children in the treatment group made significant gains in IQ scores. An average increase of 8 Full Scale IQ points and 12 performance IQ points was obtained. Most children showed significant gains in visual perceptual organization. Some made significant gains in other important skills such as short-term auditory memory. Significant improvements were observed both at home and at school with regard to motivation, attitude and performance." Reports from treatment included "Dyslexia teacher says he no longer needs help." "No more thumb sucking." "Asthma much better on the whole."

**The effects of chiropractic treatment on students with learning and behavioral impairments due to neurological dysfunction. Walton EV. International Review ¡f Chiropractic 1975;294-5,24-26.** Twenty-four learning impaired students were placed under chiropractic care with many displaying dramatic results.

**Breakthrough for dyslexia and learning disabilities. Ferreri, CA and Wainwright, RB (1984) Exposition Press of Florida, Inc.**

# Speech Disorders

**Acquired verbal aphasia in a 7-year old female case report. Manuelle, JD and Fysh, PN Journal of Clinical Chiropractic Pediatrics Vol. 1, No.2 1996.**
From the abstract A case report is presented of a 7-year-old female patient with acquired verbal aphasia. Despite appropriate referral to specialists in pediatrics, audiology and speech and language pathology, the patient's verbal diffculties improved following the commencement of chiropractic care. Follow-up evaluations over a period of 18 months demonstrated that speech improvements had been maintained. The authors comment that the patient received DPT and MMR shots about 6 weeks prior to the onset of syrnptoms. The relationship between aphasia and vaccination damage has been noted by researchers in other writings.

**Oral apraxia a case study in chiropractic management. Araghi HJ. In Proceedings of the ICA National Conference on Chiropractic and Pediatrics, Dallas; 199434-41.** Case of a five year old female diagnosed with oral apraxia (inability to speak) who responded successfully with chiropractic spinal adjustments. Prior to chiropractic care the child could understand spoken language and could respond with sign language but was unable to speak. Specific upper cervical adjustments were given to the Co-C1 and C1-C2 segments. The patient's speech continued to improve.

# Seizure disorders

**Chiropractic Adjustments and the reduction of petit mal seizures in a five-year-old make case study. Hyman CA. Journal of Clinical Chiropractic Pediatrics Vol. 1 No. 1 Jan 1996**. From the abstract This case study involves a fve-year-old Caucasian male, presenting with petit mal (absence) seizures and bilateral toe in foot flare with leg pain. This study addresses the reduction in petit mal seizures, decreases in toe in foot flare and the cessation of bilateral leg pain while under chiropractic care. The child received upper cervical care (Palmer toggle-recoil and Thompson adjustments) and adjustments of T4, L2 and both sacroiliacs. By the third visit the mother noted that the 4 to 6 seizures and hour had reduced to 2-3 seizures every two hours. ADer two months of chiropractic care it was reduced to 1 seizure per day with a duration of 2-4 seconds. The bilateral leg pain compleetely resolved and the foot flare decreased.

**Longitudinal clinical case study multi-disciplinary care of child with multiple functional and developmental disorders. Golden, L. Van Eg£nond, C. JMPT May 1994, Vol.17(4) pp.279.**

**Cessation of seizure disorder correction of the atlas subluxation complex. Goodman R. Proceedings of the National Conference on Chiropractic and Pediatrics (ICA), 199146-56.**

When beginning chiropractic care a five-year-old girl was experiencing up to 70 seizures a day. She is now seizure-free and has her spine checked every 2-3 months. Cessation of a seizure disorder correction of the atlas subluxation complex. Goodman R. Mosby J. Chiropractic Jof Chiropractic Research and Clinical Investigation. Jul 1990, Vol 6(2) pp.43-46. From the abstract Observations of one patient presenting with a seizure disorder are reported. Relief of symptoms is noted subsequent to correct of the misalignment of the occipito-atlanto-axial complex.

**Structural normalization in infants and children with particular reference to disturbances ofthe CNS. WoodsRH JAOA, May 1973,72 pp.903-908.** Post-traumatic epilepsy, allergic problems, otitis media and dizziness have been relieved by cranial manipulation. Blocked atlantal nerve syndrome in infants and small children. Gutman G. International Review of Chiropractic, 1990; July37-42. Originally published in Gertnan 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 asyrnmetry, 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.

**EEG and CEEG studies before and after upper cervical or SOT category 11 adjustment in children after head trauma, in epilepsy, and in "hyperactivity." Hospers LA, Proceedings of the National Conference on Chiropractic and Pediatrics (ICA) 1992;84-139.** Five cases were presented. Conventional EEG studies demonstrate responses of two children with petite mal (absent seizure) with potential for generating into grand mal. Upper cervical adjustment reduced negative brainwave activity and reduced the frequency of seizures over a four-month period. In two cases of"hyperactivity" and attention deficit disorder, upper cervical adjustment reduced non-coherence between right and left hemispheres in one child and in another, CEEG demonstrated restoration of normal incidence of the alpha frequency spectrum. Increased attention span and improvement of social behavior were reported in both cases.

.A child rendered hemiplegic after an auto accident displayed abnomnal brainwave readings. After adjustment, the CEEG demonstrated more nomnalized brainwave readings. Child was able to utilize his left arm and leg contralaterally to the injured side of the brain without assistance after upper cervical adjustments.

**The side-effects of the chiropractic adjustment. Arno Burnier, D.C. Chiropractic Pediatrics Vol. 1 No. 4 May 1995.** This is a case history of R.S., male, age 15, taken from the records of Dr. Amo Bumier of Yardley, PA. 81 South Main Street, Yardley, PA 19067, 215-493-6589. Dr. Burnier has written his "miracle" cases up. This is again an appeal for all D.C.s to write up their interesting cases. Medical diagnosis epileptic seizures due to birth trauma.

Medication antibiotics, Mebaral, Depakene, Klonopin, Phenobarbital, Dilantin. Chiropractic results Marked decrease of number and frequency of seizures since onset of care. Decreased medication intake to one drug with 1/3 dosage. Able to recover from flu, cold, respiratory infection without medication or antibiotics and without seizure. Marked improvement in school. 5 years later the child has been seizure free for a few years on reduced dose of medication. Presenting Vertebral Subluxation Occiput/C1 with Atlas ASR, C5/C6 posterior, D4/D5 posterior.
Original Adjustrnent Right occipital ridge meningeal contact for 15 seconds, c5/c6 structural adjustrnent in extension, D5/D6 structural manual adjustment in extension, Atlas structural manual adjustment ASR.

**Brain injured child with seizures benefits from chiropractic care. Gambino, D.W., Chiropractic Patrics Vol. 2, No. 1, Oct. 1995** From the abstract A five-year old boy with a history of seiwres and brain injury began chiropractic care using the Harrison (CBP) Model (Chiropractic Biophysics Technique). Immediate improvements were seen and seizure activity virtually ceased to exist.