



What does colic look like?

A chiropractor gives the facts on what to look for and what to do if you suspect colic

BY DR MIKE MARINUS

It is estimated that infantile colic affects 15-25 percent of families. I say families because the effects of colic are not limited to the baby; everybody in that household (be it mom, dad, or siblings) are, to some degree, affected by the change in the family dynamic when an inconsolable baby is dropped into the mix. It is a real condition with real repercussions that often linger on when the crying itself has passed. Colic is the leading cause of paediatrician visits in the first year of life.

But what is it?

Colic is defined as: "Persistent bouts of inconsolable crying which begin out of the blue, stop just as quickly, and are accompanied by physical signs of tension. These begin at two to three weeks of age, reach their peak at six weeks and subside around three to four months. The episodes appear to be more frequent in the early evenings and last for three or more hours, for three or more consecutive days and persist for three weeks." The most interesting thing about colic though,

What may cause colic?

Here is a checklist for the most statistically likely underlying reasons for colic.

REFLUX Especially silent reflux, when no milk exits the mouth but rather sits in the oesophagus and leaves acidic burns. If baby pulls his head away and refuses a feed, or you notice baby is unhappy when put in a horizontal position, lookout for reflux. Be wary of treating reflux by adding solids to the diet too early as this may lead to constipation and acid getting caught in the oesophagus.

LACTOSE INTOLERANCE Baby does not have the enzymes to break down this type of sugar found in dairy, leading to a build-up of gas. This may also lead to an amount of reflux, gas that smells

bad and explosive nappies.

OVERSTIMULATION Baby does not have the tools to filter what he senses and becomes overloaded. Warning signs of this can be gaze aversion, restlessness and grumbling.

IMMATURE DIGESTIVE SYSTEM

Especially in premature babies when the tummy is not yet ready or does not have the right bacteria to deal with processing food.

NEURAL SUPPLY The digestive system is not getting the right messages from the nerves that control it, leading to cramping.

There are many other possible factors but these are the big ones. Some are easier to fathom out than others but most can be rooted out with a bit of detective work.

is that it is a condition limited only to healthy, well-fed babies.

By definition the colicky child is not sick, malnourished or in any way medically compromised. This is why it is so hard to diagnose the condition; all the tests show that baby is doing well, yet you know differently.

Well, consider a headache – you are not sick, a scan of your brain will indicate nothing is wrong and blood tests will not pick up any viral activity, but yet you feel like death and were it socially acceptable, you would probably sit in a corner and have a little cry. Now I'm not saying that all colic equates to baby migraines but the theory is the same; just because we cannot find anything wrong with you does not mean that you don't have a headache.

As adults, we know that the headache is not life threatening and we can pop down to the chemist or the chiropractor to deal with it. Babies have no such ability when confronted with pain or internal stress and therefore they do the one thing they know how: scream.

Now we know why it happens but what causes it? You are about to enter the murkiest water in history. The opinions about what causes colic are almost never-ending but they all contain one common

thread. Each one lists a cause that, no matter what it is, places an amount of stress on a baby's internal system that he cannot deal with, resulting in daily bouts of inconsolability.

What does colic look like?

Your baby's cry changes to a high pitched warbling sound, which is immediately distinguishable from the normal cry of attention. It is a sound that you cannot tune out and is designed to make you stop what you are doing and rush to your baby's side. Physical signs to look for are:

- Reddened face
- Knees flexed up to the chest

When it's not colic

There are, however, three symptoms that are not related to colic and are important to know:

FEVER This is not associated with colic and any sustained temperature of 38-40°C needs immediate attention.

DIARRHOEA Although this is a tummy symptom it is not linked to colic.

COPIOUS VOMITING/WEIGHT LOSS This can be serious and should be attended to immediately.

NEXT ISSUE

Look out for our follow-up article on colic in the next issue where Dr Mike Marinus will discuss the best treatment options

- Hands rolled into tight fists
- Face looks pained
- Back arching and neck extension
- Rigidity of his body
- Sweating & flushed face
- Cold feet
- Breast or bottle refusal.

What to do

The first step in resolving colic is a trip to the paediatrician to rule out any underlying nasties that may mimic the condition; middle ear and urinary tract infections can often resemble colic. But remember, just because baby gets a clean bill of health doesn't mean you are out of options, ask your paed what he or she recommends.

Research shows probiotics to be useful if colicky behaviour stems from a lack of gut flora, and in my experience gentle chiropractic alignment of the spine can regulate nerve flow to the digestive system. Maintaining a good breastfeeding diet or making sure you are on the right formula are also important, as is relying on your support system through these first months.

Don't wait for your relationship with your baby to deteriorate when there are so many places you can turn to. Postnatal classes, clinics, homeopaths, chiropractors, lactation consultants and GP's are all at your disposal, as are online forums where you can build friendships with other parents who are also up at 3am in the morning. ●

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