In December 2008, the U.S. Department of Health and Human Services released the National Health Statistics Report on the complementary and alternative medicine (CAM) use by adults and children in the United States for 2007. The authors—Patricia Barnes and colleagues—found that when it comes to children, the most common CAM therapies are natural products and chiropractic spinal manipulations. These findings are not surprising to most chiropractors and their patients. Chiropractors attend to the care of children for a variety of conditions, including asthma, ear infections, ADHD, autism, and the focus of this article: colic. Commonly defined as “unexplainable and uncontrollable crying in babies from 0 to 3 months old, more than three hours a day, more than three days a week for three weeks or more, usually in the afternoon and evening hours”, colic is such a common condition of childhood that it is said to affect some 16 to 26 percent of children in their first year of life. Mistakenly identified as a benign condition of childhood, the condition is stressful to both parents and healthcare providers alike. Parent-child interactions have been found to be less than optimal when a child has colic. Afflicted families experience more problems in their daily functioning than families without colicky infants. Further, colicky infants may be at greater risk of child abuse and Shaken Baby Syndrome.
Given the lack of effectiveness of various pharmaceutical interventions in the treatment of infantile colic and concerns about adverse effects of these drugs, parents are turning to chiropractic for an alternative approach to care. Pharmaceuticals like simethicone, dicyclomine, and methylscopolamine have been found in randomized controlled clinical trials to be either ineffective or unsafe for use in infants with colic. Adverse effects associated with these medications include drowsiness, constipation, and diarrhea, as well as more serious effects such as apnea, seizures, and coma.

A number of case reports have been published in the biomedical literature describing the successful chiropractic care of infants with colic as well as a large number of children undergoing chiropractic care. Nilsson, in a retrospective uncontrolled questionnaire study of 132 infants with colic, found that 91 percent of the parents reported an improvement following an average of two to three patient visits and one week after initiating care. Klougart and colleagues described 316 infants suffering from colic receiving chiropractic care. Based on an analysis of diaries kept by their mothers and parent interviews, 94 percent of the patients benefited from chiropractic care.

In 1999, Wiberg and colleagues published a study examining the short-term effect of chiropractic treatments of children with colic. In a controlled clinical trial taking place in a private chiropractic practice, children were randomized into two groups. One group received chiropractic care for two weeks while the other was treated with the drug dimethicone for two weeks. Changes in daily hours of crying were monitored and registered in a colic diary. By the end of the first week of care, the number of hours of crying were reduced by 1 hour in the dimethicone group, whereas crying in the chiropractic group was reduced by 2.4 hours. This study demonstrated that chiropractic was superior to dimethicone in the care of children with infantile colic.

In 2001, however, Olafsdottir and colleagues investigated the efficacy of chiropractic care in the management of infantile colic. Eighty-six infants with colic were recruited to a randomized, blinded, placebo-controlled clinical trial. Forty-six infants received chiropractic care, while 40 were placed in a control group that received no care. The investigators found that there was no significant effect of chiropractic care (32 of 46 infants in the chiropractic treatment group, i.e., 69.9 percent) and 24 of 40 in the control group (i.e., 60.0 percent) showed some degree of improvement.

How can we explain such differing results? A closer examination of the study by Olafsdottir and colleagues reveals some factors that might help to explain the differences in finding of the two studies. First, the Olafsdottir study followed a specific method of chiropractic treatment—described as manipulation and mobilization using “light fingertip pressure”—that was agreed upon by a reference group of 14 chiropractors. None of these 14 chiropractors have ever been identified and insofar as one can determine, this light fingertip pressure was nothing more than light massage over the lumbosacral region. The Wiberg study, on the other hand, utilized a single chiropractor to provide chiropractic treatment (also described as “light fingertip pressure”) that was agreed upon by a reference group of 14 chiropractors. None of these chiropractors have ever been identified and insofar as one can determine, this light fingertip pressure was nothing more than light massage over the lumbosacral region.

In addition to the chiropractic spinal adjustments, a chiropractor can utilize other conservative care approaches for the colicky baby. Dietary interventions, herbal remedies, and behavioral interventions for the child have been shown to be effective, as have parent counseling and general support and reassurance. In addition, the controversy of the child being placed on colic medication for prolonged periods of time should be addressed. In summary, chiropractic care is at its most effective when individualized to the specific patient. The one-size-fits-all approach used in the Olafsdottir study likely hamstrung the effectiveness of the treatment. But when patients are treated as individuals, as in the Wiberg study, chiropractic has undeniable benefits.

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