Clinical Integration of Osteopathic Manipulative Medicine

Pediatrics: Infantile Colic

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Introduction:

Infantile colic, also known as excessive or persistent crying in an infant, is a poorly understood condition. Colic is defined by the “rule of three”: crying for no apparent reason that lasts for ≥ 3 hours per day, occurs on ≥ 3 days per week, and persists for ≥ 3 weeks in an otherwise healthy infant. Colic is a diagnosis of exclusion that is made after performing a careful history and physical examination to rule out less common organic causes. Organic causes account for less than 5 percent of infants presenting with excessive crying. Gastrointestinal, psychosocial, and neurodevelopmental disorders have been suggested as the cause of colic. Colic is a benign self-limited condition that resolves with time, however, it is one of the most distressing problems of infancy. It is distressing to the infant, the parents, and the clinician.

Patient presentations:

Colicky infants have excessive, paroxysmal crying. Colic episodes are most likely to occur in the evenings, and without any identifiable cause.

Features to distinguish colic from normal crying include:

- Paroxysms
  - episodes typically have a clear beginning and end
- Qualitative differences
  - louder, higher pitched, more dysphonic
- Hypertonia
  - facial flushing, circumoral pallor, tense or distended abdomen, drawing up of the legs, clenching of the fingers, stiffening and tightening of the arms, or arching of the back
- Difficulty consoling

Differential diagnosis:

- Bronchiolitis
Clinical pearls:

- The evaluation of a child with suspected colic typically includes a history and physical examination for identifiable causes of crying/fussiness. Laboratory or imaging studies generally are not necessary.
- Infants with colic have normal growth, development, and examination. Clinical features that are thought to distinguish colic from normal crying include paroxysmal episodes, qualitative differences, hypertonia, and difficulty consoling.

OMM Integration:

Studies have shown that certain gentle manipulative techniques might safely reduce the symptoms associated with infantile colic, specifically excessive crying time and decreased sleep.

Hayden et al. performed an open, controlled, randomized clinical trial on the effect of cranial osteopathic manipulative therapy on the signs associated with infantile colic. Twenty-eight infants were randomized into two groups, one group received osteopathic manipulation and the other received no treatment. A statistically significant decrease in crying (P<.001) and increase in time spent sleeping (P<.002) occurred in the treated group.

Dobson et al. evaluated the results of six studies designed to address efficacy or effectiveness of manipulative therapies for infantile colic in infants less than six months of age. Of the six studies, five were suggestive of a beneficial effect. The five studies measured daily hours of crying and these data were combined, suggesting that manipulative therapies had a significant effect on infant colic, reducing average crying time by one hour and 12 minutes per day.

Osteopathic Structural Examination:

- Cranial strain patterns
- Occipital condyles
- Postural imbalances
- Cervical
- Thoracic
• Thoracic diaphragm
• Thoracic ribcage
• Lumbar
• Pelvis

Possible Treatments Options:

• CV-4
• Venous Sinus Drainage
• V-spread
• OA Decompression
• Sphenopalatine Ganglion Treatment
• Doming the Thoracic Diaphragm
• Pelvic Diaphragm Release
• Celiac, Superior Mesenteric, and Inferior Mesenteric Ganglion Release
• Myofascial Release
• Balance Ligamentous Tension (BLT)

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