

Digestive Disorders

► Eriksen K. Effects of Upper Cervical Correction on Chronic Constipation. *Chiropr Res J*, 1994; 3(1):19–22.

The patient is a five year old female who had previously been under chiropractic care since the age of almost two.

However, the patient was still experiencing only one bowel movement per week and it had to be induced with medication. She had problems with her colon since she first began to walk, but the constipation had become severe for over one year causing her to be lethargic.

It should be noted that during the transition between doctors, the patient was adjusted with full spine diversified technique. After the transition, the new doctor observed that the patient had a left short leg of 1/4 inch, palpable muscle spasm at the C1–C3 and lumbar regions, left head tilt and infrared temperature imbalance at the C1 fossa area.

The patient was adjusted by hand utilizing the Grostic procedure. The patient experienced a bowel movement the day after her first specific adjustment without the use of medication. Over the next two weeks the patient experienced 4–6 movements per week with only two adjustments being required to reduce the nerve interference. Then the patient experienced a fall which required an adjustment on two successive visits. During the next 19 days the patient only had five bowel movements. After this setback the subluxation became stabilized and daily bowel movements returned.

Over the next two months the patient was monitored with no exacerbation of her symptoms occurring nor the need for further adjustments. It was also noted by the patient's grandmother that the child's energy level had been increased as the daily bowel movements continued.

At this point the patient experienced a fall out of a window in which she fell on her head.

The patient had already started experiencing trouble going to the bathroom since the fall 1–1/2 days previous. After a minor change was made with the adjustment factors, the patient was adjusted and follow-up visits have revealed once again, daily bowel movements and no further nerve interference.

The hypothalamospinal fibers are descending autonomic projections which travel through the upper cervical spinal cord and near the spinocerebellar tracts. These direct descending autonomic fibers influence preganglionic sympathetic and parasympathetic neurons at different levels.⁸ Spinal cord traction, which affects the spinocerebellar tracts, could irritate the hypothalamospinal fibers by either mechanical or vascular means or both.

This could result in abnormal parasympathetic nerve function which could slow down and alter function of the colon.

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► Editorial Comment

The title of this paper may be a bit misleading, as chiropractic care should not be portrayed as a direct "treatment" of constipation or any other disease or condition, for that matter. The chiropractor's focus should be on detecting and correcting vertebral subluxation(s) and then monitoring the patient's health. This may warrant a medical referral in cases involving conditions that are outside of the chiropractor's scope of practice, or if the patient fails to improve within a given time. However, subluxation-based care is still appropriate even if concurrent medical care is necessary. Chiropractic care is not a replacement for medical care; it is a separate and distinct form of health care that is not offered by any other health care specialist. It is the chiropractor's contention that removing neurological stress allows the body to function at a higher level, although this may vary from patient to patient. Improvement in various symptoms and conditions may be a positive side benefit from the care. However, there is a need for more prospective clinical trials to scientifically determine the impact of chiropractic care for various conditions. On a personal note, the editor had mild constipation throughout his life until receiving specific upper cervical care while in chiropractic school and to the present.

► Marko SK. Case Study—The Effect of Chiropractic Care on an Infant with Problems of Constipation. *Chiropr Pediatrics*, 1994; 1(3):23–24.

Case# 11662 is a female infant who came to our office at ten months of age. This patient was a Frank Breech presentation and delivered vaginally.

At one point the baby actually became impacted and emergency care was necessary. A barium enema had been performed, and revealed a severely distended bowel.

This angle was measured and found to be seven degrees on the left, the Nasium revealed an atlas listing of one degree to the left, an upper angle of five degrees to the right and a cervical dorsal angle of three degrees to the right (Fig. 3).

The segmental adjustment consisted of the following; Thumb-sacral contact for the sacrum, P-A light adjustment or using an adjusting instrument on the lumbar, anterior adjustment on the thoracics using an anterior block or my hand, and a light toggle or the adjusting instrument on the left side of atlas.

After the second adjustment the patient had a bowel movement all by herself. It was still difficult, but due to the fact that she did not cry or scream anymore with each bowel movement, her parents felt that she was not in as much pain as she was before the chiropractic care. Within two weeks, this child began having regular bowel movements, by herself, every two to three days.

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- **Peet JB. Case Study: Three Year Old Female with Acute Stomach Problems. *Chiropr Pediatrics*, 1997; 3(1):10-11.**

► **Editorial Comment**

Dr. Peet discusses the case of a 3-year-old girl with acute stomach complaints including indigestion and pain. The child's symptoms began after a fall off her bed. The patient was found to have an upper cervical subluxation on examination and X-rays. Chiropractic upper cervical adjustments were performed using an instrument and following a line of drive formulated from the radiographic findings. Chiropractic care was initiated on the first visit and continued with daily visits for one week. The child complained of stomach pains less after the first visit, and her appetite returned after the fifth adjustment.

- **Killinger LZ, Azad A. Chiropractic Care of Infantile Colic: A Case Study. *J Clin Chiropr Pediatr*, 1998; 3(1):203-206.**

The infant appeared to develop normally, until the age of 51/2 months when he underwent a surgical "lancing" of his upper and lower teeth. In this procedure, the infant was anesthetized, restrained, and the gums were opened in an attempt to facilitate the process of dentition. This procedure is unheard of in today's dental practices, but was a more common practice in the 1940s when this study took place.

Repeated attempts to introduce solid foods into the child's diet for five months always resulted in the child vomiting. The parents became increasingly concerned as the months passed that the child would suffer due to the malnutrition caused by vomiting virtually everything he consumed. At the beginning of this study, these episodes were occurring at an estimated frequency of ten severe episodes per day. The child had undergone rigorous medical testing, in which epilepsy had been ruled out as the cause of the child's "attacks." The examining medical practitioners had prescribed anti-nausea medications in an attempt to facilitate the child's feedings, and control his vomiting. The parents had chosen to discontinue the medications after a three month trial use had produced no noticeable improvement in the child's nausea and vomiting.

The child was extremely constipated; never able to have a bowel movement without the aid of an enema. This difficulty continued from the age of five months until presentation for chiropractic care, a period of approximately six months.

The infant experienced delayed or retarded development in muscular coordination, attentiveness, and fine and gross motor skills. During the six months prior to this study, the infant became weaker and weaker, and failed to develop the ability to crawl, stand, or walk. He was

only able to hold his head up while lying prone for a few moments, seeming to lack the strength to hold it up longer. He showed little responsiveness to his surroundings, seeming only to recognize his mother and father. He showed little to no coordination in his arm and hand movement, apparently functioning at a level more characteristic of a three-to-four-month-old infant.

This infant never slept through the night, and in fact slept fitfully, often awakening with episodes of colic. These episodes were similar to the "attacks" described under the section entitled digestive disturbances during which the child screamed and doubled up in apparent pain.

Out of desperation for a solution to their child's health problems the parents brought the infant from out of state to seek chiropractic care in the research clinic.

X-rays confirmed the presence of an atlas vertebra malposition toward the left, (listed as ASLA atlas). This atlas listing was determined by the chiropractic radiographic line analysis discussed by Rochester in his 1994 paper.

The Neurocalograph reading on this patient showed a temperature asymmetry at the level of the atlas vertebra.

The subject was given two Upper Cervical Specific (Toggle Recoil) chiropractic adjustments, on the second and fourth days of the study.

These adjustments were performed with the subject side lying, with the left side up, on a Toggle-Recoil table.

The subject was monitored six days a week for a period of three weeks.

Weekly comparative physical examinations were completed by the staff medical physician, and a comparative set of radiographs were taken upon completion of the study.

Following the first chiropractic adjustment, the parents reported that the infant played and kicked happily for a period of two-and-a-half hours, and was able to hold his head up further and for significantly longer than he had ever done before.

Following the second adjustment, the child again slept through the night. The parents noted that the child demonstrated more coordinated muscle function in his right arm. The baby also appeared much more alert by the parents' account. Over the next two days the parents reported that the baby's arms and legs were much more active and coordinated, and he seemed to take a much more active interest in his surroundings. The bouts of colic still continued. In the next few days' reports, the colic remitted, and the infant continued to sleep restfully at night. One week after presenting for chiropractic care, the baby was able to eat his first solid food in five months. To the parents' surprise and relief he kept his food down.

Another significant improvement in the infant's health was that the baby began to have bowel movements without the aid of enemas.

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► **Hunt JM. Upper Cervical Chiropractic Care of an Infant with Irregular Bowel Function: A Case Study. *J Clin Chiropr Pediatr*, 2000; 5(1):312–314.**

Hirschsprung's disease was a major concern for this patient. This is a rare disease that is characterized by the absence of mesenteric neurons in the distal colon.¹⁻⁹ Due to the absence of innervation, this portion of the colon remains in a state of contraction.

Intussusception occurs when a part of the bowel folds into another part of the bowel and is pulled along by the peristaltic contractions.

A three-months-old infant is presented in the office by her parent with ongoing complaints of irregular bowel habits since birth. The infant is exclusively breastfed.

The parent reports that the infant may go for more than one week at a time without a bowel movement. The parent was advised by her pediatrician to administer a suppository to stimulate defecation if none had occurred in the preceding 7 to 10 days.

Chiropractic upper cervical adjustments were performed using the Laney instrument and following a line of drive (ASL) formulated from the palpation findings. The infant was held in a side lying position on the adjusting table by the parent. After the third adjustment the parent reported that the infant was doing better and that she moved her bowels before leaving the office. The parent remarked that this was the first time her daughter had moved her bowels without the aid of suppositories. By the fifth visit the parent related that the infant was able to sleep better and was able to lie down on her back without discomfort. Additionally, it was noted that the patient's posture had improved and she no longer demonstrated left head tilt. Her bowel movements had increased to one or more movements daily.

Considering that the birthing process was traumatic enough to cause the left clavicle to fracture, it is possible that a subluxation of the upper cervical vertebrae had occurred.

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► **Filosa DA. A Remission of Anosmia and Ageusia Following Chiropractic Adjustments. *Res Forum*, 1988; 4(2):43–45.**

A sixty-two year old white male auto mechanic presented himself at the Palmer College of Chiropractic public Clinic with bilateral superior gluteal pain of several years duration. The pain at times radiated to the mid-dorsal area. During a review of systems, the patient revealed he had suffered a loss of taste and smell for the past year and a half.

He reported laryngeal pain and coughing when the styloid fossa was stroked in an anterior inferior direction.

Approximately one month after the onset of the ageusia and anosmia, the patient sought the advice of an E.N.T. specialist.

On June 17, 1987, an atlas superior left posterior (ASLP) subluxation listing was suspected on the basis of palpatory derma-thermagraph (DTG) findings. Supporting radiographs were not obtained. The author adjusted this subluxation using a toggle recoil technique.

The patient stated, "I don't know what you did, but this is the first time I've been able to taste and smell anything for the past year".

The patient was subsequently checked and adjusted twice a week for four weeks. The atlas was adjusted on one other occasion.

At a six week re-examination, the patient reported the senses of smell and taste were still intact and the discomfort and cough associated with stroking the styloid fossa, as well as the gluteal pain, had remitted.

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Other Conditions

► **Peet JB. Case Study: Chiropractic Results with a Child with Reoccurring Otitis Media Accompanied by Effusion. *Chiropr Pediatrics*, 1996; 2(2):8–10.**

With the child in this position an adjustment was given to the cervical spine at the level of the left atlas transverse. Several light contacts were made at the level of the atlas transverse to stimulate the proprioceptors to fire the mechanoreceptors. Immediately following the adjustment, the child stood up and his posture was re-analyzed, normal spinal posture was restored except for anterior skull translation which was mildly improved.

Spinal deviations were re-measured on a nasium x-ray one month after initial care started. Measurements

on this post x-ray were Atlas 0°, complimentary angle 1/2° (Figure 3). This was an excellent improvement from the original x-ray measurements. The child experienced one more middle ear infection during the six months with mild effusion, which responded with chiropractic care and antibiotics were not used.

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► **Editorial Comment**

There is a surprising dearth of published case studies on the topic of otitis media related to upper cervical-specific care. This appears to be one of the most common pediatric chief complaints that presents in chiropractors'