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BECAUSE EVERY CHIROPRACTOR NEEDS A HAND.

Relief Versus Wellness Care in the Family Practice

by Claudia Anrig, DC

Two types of pediatric patients are traditionally referred to a family chiropractic practice: those whose parents are looking for relief or a solution to their child's health issue; and those whose parents advocate the "wellness child." This article discusses both types of patients and corresponding chiropractic care, based on my practice experience. Both have the presence of subluxation. Thankfully, whether for relief or wellness care, many children are introduced to a family chiropractor because parents are looking for alternative choices for health care.

Two Types of Care

Whether a relief-oriented or well-ness-oriented pediatric patient enters the office for an initial visit, the family chiropractor begins his or her protocol in the same manner: consultation, evaluation, report of findings and spinal adjustments.

For both patients, the family chiropractor evaluates for the presence of subluxation. The relief-care parents see that the presence of subluxation may be the cause of their child's symptomatic problem; the wellness parents understand that the presence of subluxation interferes with the full expression of their child's well-being.

During the report of findings for relief-care parents, the doctor must communicate that chiropractic does not cure or directly treat a symptomatic disorder, but rather, allows for the improvement of a physiological function in the human body. By altering nervous system function, this may result in the improvement of their child's condition, which is the reason for their visit.

It should be further impressed upon the parents that although the original problem may not be improved or changed, improving nervous system function is always a better state of health for their child. An example is the care of the challenged child. The manifestation of cerebral palsy may not change, but the child may now be healthier in terms of his or her immune or digestive system.

It should be noted that relief care for children is not unlike that provided by many of our colleagues who provide a dedicated delivery of relief care regarding musculoskeletal issues (low back pain, etc.) to an adult practice. Many in our profession have relief practices that will never evolve to the wellness model.

A second type of care provided in a family practice is wellness care, for parents who want the freedom of choice to maintain a healthier lifestyle for themselves and their children. Wellness care in chiropractic is not unlike the care of a child in a dental practice. In dentistry, one does not wait for the presence of an oral disease to treat; active prevention or management is seen as the correct protocol of health care. Wellness chiropractic is the same. Caring for the developing pediatric spine and allowing for the full expression of nervous system function is the purpose of the chiropractic protocol and evaluation for subluxation. In this case, the child is not seen for a

symptomatic or relief problem, but for the presence of subluxation without pain.

Below are two case profiles from my practice, both involving the presence of subluxation.

A Profile of Relief Care

A mother presented with her 6-month-old infant daughter for a consult on her daughter's health issues: poor feeding, fighting eating, spitting up, and failure to thrive. The mother would express her milk and feed her daughter via a bottle to control and encourage her daughter's intake, which was less than 1 oz per day. The mother said she was fearful that her daughter would have to be hospitalized during the next few days, since her condition was deteriorating.

Medical diagnoses, derived from an upper GI series, suggested mild to moderate gastroesophageal reflux. Medications were Zantax, 6.2 ml, two times a day, since three months of age; and bethanechol, 9 ml, three times a day, for the previous two weeks.

The mother had been told by numerous doctors that they did not know what was wrong with her daughter or what could be causing the reflux. The specialists at the children's hospital did not know what to do, but suggested that the child would grow out of it sooner or later.

During the consultation, I discovered that in the last trimester, the child was in a transverse lie, the mother's water was broken in the hospital, and the newborn had a hard and rapid delivery. From the time of birth, the newborn would cry from the moment she woke in the morning until she fell asleep at 4 a.m. the next day. From day one, she would spit up after her feedings.

Static palpation revealed taut and tender fibers at the T4-T5 level and tenderness over the left occipital to C2 region. Motion palpation determined a decrease in joint function at T5 and the atlas. The following Gonstead listings were provided after the spinal assessment: posteriority at T5 and an ASL of the atlas.

After the infant's first adjustment, her mother stated that she was calm for several hours. At the third visit, the mother stated that her baby had increased her breast milk intake to 8 oz daily; on the fifth visit, to 17.5 oz; on the eighth visit, to 21 oz; and on the ninth visit, to 22 oz. By the 10th visit, the mother reported that her child was able to eat more solids and was off all medications. These 10 visits took place over a 30-day period. For the next 30 days, she continued to thrive and gain weight, showed increased calmness, rarely cried, did not fight the bottle, and experienced only occasional and mild episodes of reflux. The infant reached a healthy weight, and upon follow-up evaluation with the pediatric GI specialist, resolved her original diagnosis entirely. What an amazing recovery!

The mother has chosen to continue chiropractic wellness care for her child.

A Profile of Wellness Care

A 5-day-old boy was brought in to evaluate possible birth trauma. The mother had a hospital birth with no apparent invasive procedures (i.e., water broken, drugs, forceps or vacuum extractor).

The mother's pregnancy history revealed that she had received chiropractic wellness care during the entire pregnancy and that during labor (when contractions were five minutes apart), she had been given a sacral adjustment prior to checking into the hospital. She delivered her child in under three hours.

Static and motion palpation revealed tenderness and joint restriction when a posterior-to-anterior motion was introduced at C2 and the second sacral segment. The boy received his first adjustment. It should be noted that a

wellness adjustment does have clinical signs, but not necessarily any symptomatic complaint.

This infant was evaluated twice a month, and when clinical signs warranted, an adjustment was performed. On average, he was adjusted once a month to every six weeks. At 11 months of age, through learning to walk and into the toddler years of falls, striking the head and tumbling, clinical findings often warranted adjustments twice a month.

When the boy was 4, the mother noted that he had experienced intermittent constipation for four months; after receiving an adjustment, he could usually eliminate within 2-4 hours and have a regular bowel movement for the next day or two. When he was 5, the parent noted a right foot flare when the child walked. On examination, a right IN ileum was discovered; two adjustments, given seven days apart, eliminated the foot flare presentation.

The child has suffered a few minor colds over an 11-year period, and the parents always called to have their child evaluated if he showed signs of a weak immune system or experienced a major fall. No childhood disorders have ever been noted by the parents.

The child was radiographed at age 6, revealing a normal developing spine. He received a second radiographic study at age 10. The AP film revealed slight ileum deviation and a mild lumbar deviation from the center of gravity or convexity to the right. The lateral film revealed cervical and lumbar lordotic curves within normal limits.

The child has been under wellness care for 11 years and is evaluated for the presence of subluxation every three to six weeks.

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