

Unsettled Baby

Eve was only 10 weeks old when she was brought to The Osteopathic Health Centre. Her mother was concerned that she was very unsettled, wriggling all the time, ultra sensitive to noise and only managing to sleep between 20 minutes and 2 hours at a time. She was also frequently sick after feeds.

In the last few weeks of pregnancy her mother's pelvis had become very painful. Eve was induced 3 weeks early because of the severe pain her mother was in and although Eve's head was facing the wrong way she had a very quick delivery. Her forehead and eyelids were bruised and red at birth and her head was slightly misshapen. For the first 2 days Eve had difficulty sucking and her mother described her as being fractious since day one. Neither gripe water nor Infacol had given her any relief.

Gentle osteopathic examination of her tiny body revealed considerable tension through her head, neck and shoulders. In addition her chest felt as though it had not fully expanded. These findings can be common when a baby's delivery has been sudden and fast. It is as though the passage through the birth canal had been a shock to the tissues of her body and that her first breath, although expanding her lungs, had not fully expanded the ribcage.

Osteopathic treatment was given to unwind this pattern with particular emphasis on improving the mobility of the thorax and relax tension in the neck. That night Eve slept very soundly and continued to be more settled. Her mother described her as a 'different baby'.

Comment

The term 'colic' is very non-specific as the presenting symptoms of restlessness and crying can have many causes such as gastrointestinal sensitivity/ immature gut, reflux or the discomfort of birth strain patterns as in the above case. As osteopaths we try to understand the origin of the colic symptoms and use our skills to help appropriately.

Old injury leaves it's mark

A forty year old gentleman presented with left sided low back pain radiating into the back of his left leg and pain behind his left shoulder blade. He had been experiencing ongoing problems on a daily basis for the last 5 years. Previously he had played golf to a high standard but had been unable to play for a few months.

During the history he recalled an incident approximately 10 years ago, when he had jumped into a swimming pool and landed heavily on his left heel. The heel had been painful at the time but eventually resolved after a few months.

Following an osteopathic examination the conclusion was that this gentleman's symptoms originated from a strain of the outer fibres of a disc in his lumbar spine. However the left side of his pelvis was shunted upwards which had placed a low grade strain through the lower part of his spine and left sacroiliac joint making this area more vulnerable. Undoubtedly this had arisen as a result of the force transmitted up through his heel in the swimming pool incident. His body had adapted and coped well for a few years without symptoms but with the passage of time and additional life events his body's ability to compensate had eventually broken down and his spine had become painful.

This gentleman was treated using gentle osteopathic treatment to correct the mechanics in the lumbar spine and pelvis. Slowly over a period of time his symptoms improved and with a daily regime of stretching exercises, he was eventually able to return to playing golf.

Sinusitis

A lady in her fifties consulted about sinus pain, headaches, a feeling of congestion and persistent catarrh. She explained that she had been like this for as long as she could remember and that as a child she constantly had a blocked nose.

Mrs X had tried everything from conventional treatment with Sudafed to herbal remedies, homeopathy, diet change etc. All of these had helped a little.

After taking a detailed case history and examining Mrs X it was discovered that her head felt like it was held in a vice with no opportunity for her sinuses to drain. Interestingly Mrs X's problems may have originated from her birth as she was delivered with the assistance of forceps on her face.

Mrs X has been treated using cranial osteopathy to encourage drainage of her sinuses and restore normal movement to her upper back, neck and head. Mrs X has made remarkable progress and feels better than she has for years.

When an Osteopath can't help

Terry, a thirty five year old, consulted an osteopath at the OHC complaining of pain in the neck and debilitating pain, pins and needles, numbness and loss of strength in his right arm.

He reported that, for no apparent reason, he had woken with pain three weeks earlier. He had continued working in a strenuous job for two weeks until he had seen his GP who signed him off work.

Terry had experienced intermittent episodes of neck pain since he sustained a sporting accident 8 years earlier in which he had landed on his head and been knocked unconscious. This particular episode was the worst neck pain to date.

Examination revealed marked restriction in neck mobility and loss of power in the right arm. The diagnosis was a suspected disc prolapse in the lower cervical spine.

On the next visit Terry's symptoms were unchanged but the osteopath decided that his symptoms were too severe and unlikely to respond to treatment and that an MRI scan was required to assess the extent of the damage. The osteopath wrote a letter to his GP detailing all the facts and eventually the patient was seen by a neurologist who authorised an MRI scan.

This revealed a prolapsed disc in the lower cervical spine placing pressure on the nerves to his arm. Due to the nature of the prolapse Terry was considered a high priority and he was operated on as soon as possible.

The operation was extremely successful and he has made an excellent recovery.

