

# The Myth of Colic?

by

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Colic is a condition that blights the lives of millions of babies and causes distress, concern and a sense of helplessness for their parents. The causes of colic are essentially unknown. Many doctors and other health professionals see colic as a fairly normal, yet uncomfortable condition that unfortunately affects up to 20% of all babies.<sup>1</sup> I have heard many mother's report that well-meaning health professionals say something along the lines of "you are unlucky in that you just happen to have a colicky baby". However, is colic really a "normal" condition of infancy, or has it just become so common that it is taken for granted; and what can we say about the causes of colic?

## **What is Colic?**

Colic is defined as uncontrollable crying in a baby that has no known cause<sup>2</sup>. The symptoms of colic usually appear in the first few weeks following birth and most often disappear once the baby has reached 3-4 months of age. They typically consist of bouts of inconsolable crying, most often in the afternoon and evening, or immediately following feeding.



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<sup>1</sup> Figure taken from Bupa online health sheet at [hcd2.bupa.co.uk/fact\\_sheets/html/infant\\_colic.html](http://hcd2.bupa.co.uk/fact_sheets/html/infant_colic.html)

<sup>2</sup> *ibid*

As well as the crying, the baby will pull his legs into his chest, make tight fists with his hands and may also strongly arch his back. There can also be significant belching and passing of wind. The symptoms of colic can be much worse in some babies than in others. Colic is generally considered to be uncomfortable rather than painful. However, how this distinction is made is unclear.

### **What causes colic?**

Medically, the causes of colic are unknown. However, a number of possible suggestions include some type of weakness in the baby's developing digestive system, trapped wind, indigestion or some form of lactose intolerance. It is, however, known that smoking during pregnancy doubles the chances of a baby developing colic.

### **Colic and birth trauma**

Could the causes of colic lie in the fact that the baby is still experiencing unresolved stress and/or trauma from their birth, or even from their prenatal experience? This may be somewhat controversial, as it would imply that babies are more acutely affected by their earliest experiences than we are currently conscious of. In order to explore this possibility more fully, we need to examine a number of physiological conditions that are common to birth trauma and see how they are related to the development of colic:

- Sympathetic arousal
- Vagal irritation
- Umbilical shock

**Sympathetic arousal** - the effects of a difficult birth and/or stressful pregnancy create a high level of sympathetic arousal within the baby's nervous system. The result of this arousal, along with the consequent production of stress hormones such as cortisol and adrenaline, mean that the baby is in a constant state of internal agitation and will have more difficulty in settling, will be more sensitive to stimuli and prone to upset than a baby that did not experience his early experiences as stressful.

Anyone who has eaten while stressed will know that it rapidly brings on feelings of indigestion and other forms of digestive discomfort. The same is true for a feeding baby, although here the overly stressed digestive system is still immature and is struggling to cope with the demands put upon it.

Therefore, one factor in the causation of colic is that the baby is in a state of sympathetic arousal as a result of unresolved and unacknowledged prenatal and birth trauma.

**Vagal irritation** – the vagus nerve is one of the most clinically important nerves in the body. Running from the brain stem through the jugular foramen at the base of the skull, the vagus nerve provides the parasympathetic supply to the vast majority of the body's internal organs, including the heart, lungs, stomach, liver, and significant parts of the intestines. Irritation of the vagus nerve can create a number of different problems affecting one or more of these organs.

One way in which the vagus nerve can become irritated is as a result of compression of the base of the skull during the birth process. If this compression does not naturally clear, or if there is any residual shock holding it more firmly in place, the resulting irritation can give rise to digestive problems in the baby.

**Umbilical shock** – umbilical shock is also a major factor in colic. Throughout pregnancy, the umbilical cord acts as the baby's lifeline to the outside world. It is the conduit through which he breathes, receives nourishment and rids himself of metabolic waste. As well as food and oxygen, a number of other factors cross the placenta and enter the baby through the cord. These include maternal stress hormones and neuropeptides (the biochemical markers of emotion), as well as more toxic substances such as alcohol and nicotine.

As a result of this, the baby is affected by not only what mum eats, drinks and smokes, but also by her stress levels and emotional states. In order to protect himself from the more unwelcome influences, the baby will contract his belly and try to pull away from whatever is coming in through the cord. The result of this is that there can be a significant amount of shock and tissue contraction through the abdomen, lower back, pelvis, diaphragm and digestive organs, giving rise to significant discomfort especially when feeding. It is due to umbilical shock that the incidence of colic is seen to double in mothers who smoke during pregnancy.

The arching of the back and pulling up of the legs to the chest in the midst of a "colic attack" are classic indicators of umbilical shock. By making these movements, the baby is attempting to get some relief from the internal discomfort he is feeling by relieving some of the pressure in the abdomen.

## **Treatment**

Standard forms of treatment for colic tend to fall into two main categories. The first involves the use of some form of medication e.g. infacol to help relieve pain and soothe a troubled digestive system. The second uses some form of distraction to help soothe the baby. Examples include keeping the baby moving, taking them for car rides, having continual background noise and letting them continually suck on a dummy.

These forms of treatment may be effective in addressing the symptoms, they do not address the underlying causes. Contrary to common belief, babies do not grow out of colic once they reach the age of 4 months. What happens is that they become more able to adapt themselves around the underlying condition without any continual distress. However, the underlying condition still remains, and can become a seed for potential problems in the future.

In order to help resolve the underlying conditions, it is important to use therapeutic approaches that are able to address not only the physical problems, but to also address any residual emotional and shock-related issues. In this regard, therapies such as homeopathy, craniosacral therapy and prenatal and birth therapy have a great deal to offer.