Can you calm colic? Holistic help for an ‘incurable’ condition

While the NHS tells us the “causes are unknown”, the truth is that babies get colic for at least 10 reasons, says osteopath and naturopath Christian Bates, BSc (Hons) Ost Med, DO, ND, CMTA. In his new book he sets out what the root causes are and what can be done to restore babies to happiness.

I have been treating babies using cranial osteopathy since I first graduated from osteopathy college in 1997. As I treated more and more babies over the following 15 years I started to see patterns emerging in the causes behind babies’ colic and from these I developed my own treatment protocols. These patterns became more obvious as I treated more babies and was mentally collecting data.

Colic is the number one complaint among newborn babies. It causes distress and disruption in sleep patterns, both for the baby and its parents, and is often explained as a digestive imbalance.

I became more and more excited over the research I was finding to back up the causes I saw in clinic behind colic. I remember finding research that proved what I suspected and having no one to tell about it. I don’t know anyone who is as interested in colic as me!

For example, a very large percentage of the babies I treated for colic had had exposure to antibiotics or had been delivered through C-section. On looking at scientific research, I found that both these factors affected babies’ digestion in a way that had been linked to colic in other research.

“Calming Colic” is basically all I know about the causes behind colic; it is what I work through with parents when they come in and

Why colic incidence will increase

I believe the incidence of colic will continue to rise. Many people might say that if colic is simply wind then why would it increase? Or if colic is caused by immaturity of the gut in newborns then, again, why would it increase? The reason is that there are far more causes behind colic than just these. Let’s have a look at a few:

■ C-section rates
In my clinic I see a distinct difference between C-section and vaginally-born babies. The C-section babies can display both irritability and increased likelihood of colic. Research confirms this: quicker births lead to increased colic and C-section babies also have abnormalities in gut bacteria, which in turn leads to an increase in colic.

C-section rates are currently at the highest ever level: 25% of all births. Colic will continue to rise if C-section rates continue to rise.

■ Stress in mother
Research clearly links stress in the mother to an increase in colic. Primarily, the stress hormone cortisol is passed from mother to baby; higher cortisol levels in the baby have been linked to colic. So is colic going to increase because of this? Well, I ask you, is life getting more or less stressful?

■ Foods
There are a number of foods that may aggravate colic by transferring to the baby through breast milk. The main culprits identified by research are dairy products and wheat. Funny enough, these are prime causes of digestive issues and allergy/intolerance in adults. In general our diets are getting worse; they are more processed, more toxic and contain more of the foods that aggravate colic. If the foods make us ill then why wouldn’t they make a breastfed baby colicky?

■ Formulas/breast feeding
I was all set to say that because breastfeeding rates are decreasing and formula is being used more, then colic rates will be increasing as, in general, formula is an aggravator of colic due to the cow’s milk proteins and lack of enzymes to digest them. Formulas also don’t have the friendly gut bacteria that breast milk does. However current statistics show that breastfeeding rates are increasing. But the number of mothers exclusively breastfeeding at six months remains at around 1%, so although rates are up, figures are still fairly low. At 3 months of age 83% of babies are being exposed to formula milk.

■ Antibiotics
As CAM highlighted last month, we are in serious trouble from antibiotic-resistant bugs. Even I have seen in clinic a rise in the number of mothers and babies exposed to antibiotics in the first few weeks of the babies’ lives. Considering gut flora imbalance causes colic and antibiotics cause gut flora imbalance, then colic rates will be on the rise as long as use of antibiotics continues to increase.
Is lactose really the baddie when it comes to colic?

Something never quite sits right for me when it comes to blaming lactose for wind and colic pain. Yes, it does seem that lactase enzyme products like Colief can bring great relief to babies with colic: wind or unknown tummy pains. The lactase enzyme digests the lactose sugar. But breast milk contains lactose, so if breast milk is the perfect food for babies then why is lactose a problem?

Breast milk also contains enzymes and bacteria that help break down the lactose; therefore it doesn’t have any adverse effects. A fascinating research study from the Karolinska Institute in Sweden shows that lactase in human breast milk functions as an immune factor, protecting the newborn’s gut and regulating the friendly bacteria in the gut, too. Lactose is obviously incredibly important.

Processed milk

I believe the problematic lactose is what a baby gets from cow’s milk in the diet of the breastfeeding mother or from cow’s milk formula. The cow’s milk we drink has been homogenised and pasturised. This heat processing, which kills the bacteria in the milk – good and bad, also deactivates naturally-occurring lactase enzyme in the milk. So both human milk and cow’s milk, when they are natural and raw, have the ability to “digest themselves”. However the cow’s milk we drink and the formula milk we give babies are processed and don’t have enough lactase, therefore the baby is overloaded with lactose, which leads to colic.

The answers are for the mother to restrict her intake of cow’s milk while breast-feeding or to take a digestive enzyme to help her break down the extra lactose. If bottle-feeding, then make up the formula and put a lactase enzyme in it.

“There is no cure”?

I wholeheartedly believe that the book contains information that all parents need to know BEFORE labour. What’s also great is that the advice is really simple; many of the causes of colic are remedied by the same few approaches. What’s more, it is sorely needed because the NHS openly admits it doesn’t know what to do about colic.

This is taken directly off the NHS website: “Colic is a common, but poorly understood, condition that affects babies. The most common symptom of colic is excessive and inconsolable crying in a baby that otherwise appears to be healthy and well-fed.”

It also says: “The cause (or causes) of colic is unknown.” And: “There is no evidence to suggest that colic has any long-term adverse effects on your baby’s health.” “There is currently no cure for colic.”

The NHS is fairly definite that parents aren’t really going to be able to help their colicky babies, which might make parents rather helpless and more than a little tired; although colic in itself is harmless it can be very unpleasant for baby and parents when the knees-up, red-faced crying really gets going.

“Calming Colic” explains the 10 causes I look for behind colic. I see colic as a symptom and look for the cause, so I don’t believe the “causes are unknown”.

The line, “There is no evidence to suggest that colic has any long-term adverse effects on your baby’s health” is also interesting. The reason there is no evidence is probably that a long-term study hasn’t been done. I don’t know for sure that there is a long-term effect, but each of the causes of colic I have discovered could potentially have some longer-lasting effects.

The good news is that the methods I suggest also address these longer-term effects; in fact one of the studies on the use of probiotics found benefits four years down the line. So I am going to go against these statements as I actually think that I have developed a formula to calm colic. It may not be a magic bullet, in that it does not work instantly – although it can be fairly quick, but it will certainly make a real, noticeable improvement.

The most common problems I see are colic and irritability after birth. I think and hope most parents are pleasantly surprised when it is not only cranial osteopathy that I use to help their precious baby. I enquire about the baby’s and mother’s diet, I ask about whether instruments were used in the delivery, whether antibiotics have been used for mother or baby, was the birth in hospital or at home? Is the mother breastfeeding, expressing, or using formula, and if so, what formula? What I’m aiming to get is a broad picture about the baby’s new life so far and even about its development in the womb. I’m not just trying to diagnose that the baby has colic, I am looking deeper, to find out why the colic is there in the first place and what treatments I can do myself and advise the parents to continue at home so that everyone can start to get some good sleep. mm

About the author

Christian Bates, BSc (Hons) Ost Med, DO, ND, CMTA, is a Registered Osteopath and Naturopath, qualifying in 1997. In 2008 he opened the award-winning Perrymount Clinic in Haywards Heath. Through his years treating babies for colic and other birth traumas Christian has built up a strong reputation with local midwives and health visitors, and the Perrymount Clinic is frequently recommended by them when referring babies. Christian looks at all his patients holistically, using both physical therapies and nutritional advice, and his treatment of babies is no different. He will always use a combination of cranial osteopathy and nutritional advice for both baby and parents.

* Christian’s new book Calming Colic – How to help the 10 causes of colic is available at www.calmingcolic.com as an A4 paperback, Kindle ebook and pdf download, and as a Kindle download from Amazon.

www.cAM-mAG.com