

Chapter 10

NEW THEORIES AND OLD TREATMENT AT NEWBORN COLIC

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Introduction

There are many different definitions for colic. The most commonly used definition is defined by Wessel in 1954 as “rule of 3’s” in well-fed, healthy babies, crying more than 3 hours a day, more than 3 days a week and lasting more than 3 weeks (Wessel MA et al., Pediatrics, 1954)

In the differential diagnosis, it should be taken into account that acute crying may be a sign of a serious illnesses. (reijneveld et al., 2001). Pediatric history and physical examination should exclude diseases such as central nervous system infections, subdural hematomas, otitis media, invagination, cow milk protein allergy lactose intolerance, gastroesophageal reflux, urinary tract infections, inguinal hernia congestive heart failure, supraventricular tachycardia and dermatitis (Johnson JD., 2015) Organic causes are observed in only 5% of the cries. The typical colicky baby cry is long-lasting and severe. The frequency of more than 3 hours a day crying is 29% in 1-3 months old infants, while the frequency decreases to 7-11% in 4-6 months old infants (Barr RG., 1998). In a crying episode, the baby is pulling his/her fists, has gas swelling and flushing and the baby is crying by pulling the legs toward his belly. Crying usually starts at similar hours in the evening and at night. It is regarded as a self-limiting and favorably progressive state, but it is a stressful situation for both the parents and the doctor. (Roberts DM, 2004). In the mothers of babies with infantile colic, which constitute 10-20% of pediatric referrals in the first 4 months, this situation leads to frustration, loss of patience, feeling of inadequacy, fear of harming the child, premature discontinuation of breastfeeding and impaired concentration. This stressful situation also reduces the mother’s face-to-face interaction with the baby (Kurth E., 2011)

Pathogenesis

Even if infantile colic has been known since ancient times, etiology and pathogenesis are still not fully understood. There are too many theories, with very few scientifically proven data. Some accepted etiologic factors include food hypersensitivity or allergies, immaturity of intestinal function, dysmotility, insufficient mater-

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benefits of massage therapy on hormones that affect mother-baby interaction, sleep and crying and stress levels. (Underdown A. et al., 2006). It has been reported that antennas are most benefited from natural therapies such as massage and with least medication treatments (Ciffici EK and Arkian D., 2007). Studies have shown that daily massage is universally practiced by mothers to encourage muscle relaxation and strengthen the bones. (Fikree FF. Et al., 2005). Studies on massage therapy have shown that infant crying time and colic symptoms are reduced (Huhtala V. et al., 2000). Massage is used as a control and treatment option for infantile colic. Massage is a unique traditional treatment used by trained practitioners in Iranian and Chinese medicine (Liberatie et al., 2009). Massage is an important form of treatment in modern medicine, where a wide variety and variety of approaches or massage can be defined as “sensory stimulation of the nervous system” (Jladte M et al., 2012). In one study, infants who received aromatherapy and abdominal massage using lavender oil had less colic symptoms than those who did not. The result is that massage reduces painful and painful behaviors without causing significant side effects (Cetinkaya B et al., 2012). Anderson et al. showed a marked improvement in children’s eczema following massage therapy (Anderson et al., 2000).

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