

justed he began a fever which made him very weak and he was put to bed. During the time of his fever we checked him twice a week at his home and he was adjusted once during that time. When the fever subsided he was up and around. Soon all the scabbing fell away from his face and eventually his skin cleared up with a clean, clear babyish look. He was adjusted several times after that and all the symptoms that were plaguing him were gone.

About 3 years later he was carrying a pail of milk from the barn when a bolt of lightning struck the barn knocking him down and momentarily unconscious. Three or four days later he called and told us he was beginning to have red itchy patches appear on his face that were causing considerable discomfort. He was checked and adjusted and the symptoms cleared up by the next morning.

Since that episode he had no further symptoms of his former condition.

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### ► Editorial Comment

While the editor was an intern at Life Chiropractic College, an opportunity arose to take care of a 61-year-old gentleman with uncomplicated neck discomfort. During the 4-hour examination and history, it was noted that he could not hear out of his right ear and he was wearing adhesive bandages over his fingertips for a severe eczema-type skin condition. He had been under the care of different medical doctors for this skin condition and he had been prescribed ointments and cortisone. All of these treatments failed to improve his condition; so he gave up on a "cure." He received his first Grostic upper cervical adjustment and later that night he developed moderate to severe discomfort in his neck and shoulders, which left him unable to move his neck significantly until the next day. On his second visit, he was checked and found to be holding his adjustment

and feeling much better. He held the first upper cervical correction for 3 weeks. He was able to hold the second adjustment for 5 weeks, and it was during this period that some interesting changes were observed. He came in on one of those visits and said that his skin condition had completely healed. The patient then related that since he could not hear in his right ear, for years he would lie on his left side so he could sleep at night while his wife watched television. He said that he couldn't sleep very well now because he could hear the TV in his right ear. He ended up regaining about 70% of his hearing. The rest of his hearing loss was probably permanent (possibly due to scar tissue) because he had tympanostomy tubes put in his ears almost every winter for chronic ear infections. Incidentally, that winter was the first one in many years that this surgical procedure was not necessary.

### ► Lacunza C, Waldron M, Tarr W. Chiropractic Management of a Pediatric Patient with Eczema. *Life Work*, 1995; 3:20-25.

#### ► Editorial Comment

This paper reviews the chiropractic management of a 16-month-old girl with eczema lesions covering her entire body except the diaper region. This child's parents had tried homeopathy, dietary changes, and various chiropractic techniques with no change in their child's condition. Cortisone therapy was suggested, but the parents declined. The author of this paper used an upper cervical technique called Alphabiotic. This procedure involved adjusting the patient supine on an incline table. A successful recovery from the eczema and constipation resulted during a 5-week trial of upper cervical chiropractic care.

## Asthma

### ► Killinger LZ. Chiropractic Care in the Treatment of Asthma. *Palmer J Res*, 1995; 2(3):74-77.

**ABSTRACT** This case study reports an eighteen year-old subject with a two-year history of bronchial asthma. The subject received chiropractic adjustments using the Palmer Upper Cervical Specific technique and was monitored over a five-year period. The result of that care was marked improvements in the subject's health status. The greatest improvements were reported in the weeks immediately following the chiropractic adjustments. This case is interesting in that trauma to the cervical vertebrae coincided with the onset of asthma and chiropractic care focuses on those regions coincided with improvement in that condition. (abstract abridged) ■

*The bronchoconstriction, which occurs during an asthmatic attack, is a result of parasympathetic innervation by the vagus nerve.<sup>5</sup>*

*This atlas listing was determined by the chiropractic radiographic line analysis described by Rochester.<sup>9</sup>*

*Four months later he was examined and adjusted again for the ASL C1, as described above, and monitored for another fourteen days. After one year, the subject received a third ASL C1 adjustment that was followed by two more weeks of monitoring.*

*The first two weeks under care were fairly encouraging. The subject experienced a marked decrease in breathing difficulty and auscultatory rales. This was confirmed by the medical doctor on staff at the clinic. The*

subject reported an increased sputum production and expectoration over the first week of the study.

Upon correction of that subluxation, the neurological post-readings would return to normal, indicating no asymmetry. Post x-ray findings indicated no active pathology and a reduction in the misalignment at C-1.

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► **Peet JB. Case Study: Eight Year Old Female with Chronic Asthma. *Chiropr Pediatrics*, 1997; 3(2):9-12.**

Traditionally in medicine, asthma has been treated with several different drugs, primarily directed to reduce the late-phase reaction as well as airway inflammation. Theophylline, a methylxanthine, has been used for more than 50 years and has been the primary first line drug therapy in the United States (5). Its use is controversial and has been shown to adversely affect cognitive behavior and therefore school performance. Some children have also developed persistent central nervous system stimulatory side effects. Other drugs often prescribed are  $\beta$ -Agonists commonly in the form of inhalers. Recently published research indicates that morbidity and mortality from asthma appear to be increasing, and it has been suggested that  $\beta$ -Agonists used to treat asthma are contributing to this trend (6). One study from Saskatchewan, Canada, investigated a possible association between death or near death from asthma and the regular use of Beta2-agonist bronchodilators. The study concluded that an increased risk of death or near death from asthma was associated with the regular use of inhaled Beta2-agonist bronchodilators, especially fenoterol (6).

Her mother stated that her daughter had been medically diagnosed with asthma three years ago at the age of five. Since that time, the child had been on an inhaler of Beclovent and albuterol which she used one to three times a day. At the time of this initial examination, the child had an ear infection and had respiratory congestion which caused an audible wheezing that could be heard without a stethoscope.

Patient placement was in side posture, right side up, skull blocked lower than shoulder to increase right skull lateral flexion, left shoulder pulled down towards patient's feet to induce thoracic lateral flexion as tolerated. With the child in this position, an adjustment was given to the cervical spine at the level of the right atlas transverse.

The child's posture was re-analyzed and good improvement was noted. This procedure was repeated on eight subsequent visits every other day for two and a half weeks.

On the eighth visit, the mother stated that the child had not used her inhaler for two days. The child's wheezing had ceased and she told her mother that she could run without gasping. Objective findings included normal respirations, and her facial features appeared less swollen with lighter circles under her eyes.

X-rays measured: Atlas 0°, middle cervical 1/2°, and the greatest improvement 1° cervical-dorsal angle. This is an improvement of 5 1/2°. Symptomatic improvement was discussed with the child and mother. The child stated that she felt better overall and was able to participate in school gym activities without getting out of breath. The patient had not used her inhaler for three weeks.

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► **Hunt JM. Upper Cervical Chiropractic Care of a Pediatric Patient with Asthma: A Case Study. *J Clin Chiropr Pediatr*, 2000; 5(1):318-321.**

► **Editorial Comment**

Dr. Julie Mayer Hunt is a diplomate of the International Chiropractors Association's Council on Chiropractic Pediatrics (DICCP). She describes the successful outcome of a young patient suffering with asthma. The upper cervical adjustments were performed with the Orthospinology procedure with use of the Laney hand-held instrument. The care plan frequency was 2 visits per week for 2 weeks and once every 7 days for 7 weeks, then once biweekly for 2 months. The child's condition had been progressively worsening prior to chiropractic care.

► **Vogel FM. Case Studies. *Today's Chiropr*, 1985; 14(1):48-49.**

*Case History:* Patient with previous diagnosis of bronchial asthma with intermittent attacks for most of his life especially with season changes, came under chiropractic care September 24, 1982, while suffering an attack of two-week duration. Patient revealed symptoms of coughing wheezing and dyspnea.

*Case Treatment:* Patient's atlas on September 27 and 29. Post X-rays revealed a reduction of the subluxation. On October 1, chest expansion had increased with limits of 68 cm and 75 cm with diminished sounds (rales). On October 13, chest expansion limits were 68 cm and 78 cm. Sounds were absent. Patient was examined December 11 and was completely symptom free with normal chest sounds and actions.

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