

Coughing, croup and bronchitis: A paediatric case report

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Abstract: This female patient was aged 5 years at the time of this report and had a history of bronchitis, croup and coughing that began from 4 months of age. Coughing dramatically decreased with Chiropractic care through the years with this patient, to the point that no cough was reported for 3½ years, and the cough that did happen after that abated with one treatment. A combination of manual and non-manual adjustments, as well as cranial work, were used over time to reduce the vertebral subluxations.

The indexing term 'croup' returned 0 articles (30 June 2021) in the Index to Chiropractic Literature, indicating a need for more papers to be written on the chiropractic management of patients with croup.

Indexing Terms: cough, bronchitis, croup, plagiocephaly, subluxation, paediatric.

About this case

This case is presented as a 'pre-case-report' in the chiropractor's clinical language. The express purpose is to document an interesting case from the day-to-day perspective of a practitioner in a suburban practice in Australia, thus adding to the overall body of evidence for chiropractic. The two elements are the report itself as written by the chiropractor, and 'what we know' compiled by the editorial team.

The method is *Quantitative Autoethnography* with *Thematic Report* of relevant chiropractic literature held within the profession's referent data base, the *Index to Chiropractic Literature*.

Our intent is to provide primary evidence of chiropractic practice which will be indexed and retrievable to guide future case reports prepared by others in the formal 'CARE' style, and to inform the development of research protocols.

... a combination of Gonstead, Activator & SOT/cranial Chiropractic adjustments over time has led to an almost permanent reduction of coughing symptoms in this patient.'



Coughing, Croup & Bronchitis in a paediatric female patient

Context

The female patient was aged 5 years at the time of this report and had a history of bronchitis, croup and coughing that began from 4 months of age. With the right adjustments (usually C7, T4 and L) ilium) this patient improved greatly with her coughing until the issue became somewhat negligible.

History

The patient was first seen when she was 3 months old. She had been born via Caesarian section @ 38 weeks with no complications, had been breastfed for 3 months and had just been trans-

ferred onto bottle feeding the week before her first Chiropractic consultation. Her mother had been sick with gastroenteritis, food poisoning (unknown type) and bad morning sickness whilst pregnant. She had also been very stressed whilst pregnant. The rest of the patient's early history was unremarkable. Over time, the patient struggled with intermittent coughs, croup & bronchitis, with a trip to hospital once for croup, and had been prescribed liquid steroids, Ventolin and antibiotics over time. Her mother was concerned that she was going to be diagnosed with asthma.

Examination

The patient's primitive reflexes were all normal at 3 months but she did present with some minor plagiocephaly (R anterior-posterior {AP} strain) and turned her head to the LHS when sleeping. At 3 months of age, she had subluxations at the level of the S2, T7, T3, C7, C1 as well as the aforementioned cranial misalignment. As she aged, some of her primary subluxations changed.

Treatment

Chiropractic adjustments were initially given using Sacro-Occipital Technique (SOT) and Activator at the levels given above when they presented as subluxated. The change from performing occipital glide cranials to a R) anterior-posterior strain made a positive difference in her plagiocephaly. However, the biggest positive change in plagiocephaly was from adjusting a L) PLEX ilium. The quick reduction in her cranial bone asymmetry after a pelvic adjustment is not surprising given the meninges attach at approximately the S2 level of the sacrum. Any unequal pressure in the meningeal attachments in the sacral region can therefore lead to a torsion in the cranials – and vice-versa. However, sometimes this can only be achieved through trial and error since each individual's nervous system is unique.

A diagnosis of bronchitis occurred when she was 4 months old, and it was also at that time that T3 and L) PLEX ilium subluxations arose. After those adjustments, her cranials finally held! With only 3 adjustments to her T3 within the space of a month, her T3 resolved, only needing 4 adjustments again when she was just 3 years old. However, her L) PLEX ilium showed itself to be a primary subluxation through the years. Once T3 settled, T4 also showed itself to be a primary subluxation as she aged.

Impressively, over time, T4 always presented as subluxated when the patient presented with a cough – but T4 did not present as subluxated at every Chiropractic treatment. On resolution of the T4 subluxation, the cough dissipated. This occurred quite a number of times throughout her 5-year history. Interestingly, when the patient had croup, C7 also presented as subluxated. Nevertheless, by the time the patient was 15 months, the true cause of the coughing flare-ups (other than subluxation) was still not apparent, and it was generally worse at night.

Her mother had thoroughly cleaned and dusted in her room, including under her bed, and I advised a humidifier to be used (with essential oils) as well as a heater to keep the bedroom warm, which might help to humidify and warm the air before it reached her lungs. However, over time, it seemed that the patient might have been sensitive to her mother's emotions because when her mother had major stress episodes, the patient's coughing would reappear – overnight in some cases. Perhaps some Neuro-Emotional Technique (NET) would have been useful in this case.

As the patient aged, other subluxations showed themselves (eg L1/L2 & T8/T9). Manual adjustments using the Gonstead Methods appropriately modified for her age, somatotype, and disposition, were given, usually at T4 (PR-T) and L) PLEX ilium, and occasionally at T7, T8 or T9 and C1.

Initially the patient began with weekly adjustments (at 3 months of age) but these moved to fortnightly, and then monthly by 6 months of age (with closer treatments if she had an acute

cough, for instance). By age 2½ years, the patient was being checked every 2-4 months on average and based on the treatment notes, she had no cough mentioned in the space of 3½ years between ages 1½ and 5 years. The last cough was mentioned just shy of her 5th birthday, with some treatment notes reading 'recheck in 3-4 days if cough not gone' with no need for another appointment because there were no symptoms.

No spinal imaging was taken in this case.

Outcomes

Coughing dramatically decreased with Chiropractic care through the years with this patient, to the point that no cough was reported for 3½ years, and the cough that did happen after that abated with one treatment. A combination of manual and non-manual adjustments, as well as cranial work, were used over time to reduce the vertebral subluxations.

Other symptoms that were addressed during treatments were neck pain/spasms, 'a bad temper', allergies, injuries from trips and falls, growing pains and rashes. The patient was almost always visibly happier and more relaxed post-treatment, endorphin release through adjustment playing its part. By 5 years of age, the patient could even notice the difference between a tender spinous process before an adjustment and a comfortable spinous process post-adjustment.

The need to adjust C1 abated through the years but the R) AP cranial strain still persisted to a minor degree. It should be noted that a number of members in her family have craniofacial asymmetry, so perhaps there is a genetic predisposition to asymmetry, with Chiropractic care improving the cranials only by so much.

What we know

Coughing, croup and bronchitis are common childhood ailments that all parents can identify with. Croup is an upper airway disorder that can result in stridor whilst bronchitis is a lower airway disorder presenting with more of a wheeze. Coughing happens in both these conditions.

The indexing term 'cough' returned 14 articles (30 June 2021) in the *Index to Chiropractic Literature*: <https://www.chiroindex.org/?action=doSearch&search1=cough&type1=all#results> and some are reported here. [Rectenwald](#) found that vertebral subluxation reduction helped to alleviate a 19-month old boy from any symptoms of severe chronic asthma after only 6 visits over 7 months, and 9 weeks later there were still no symptoms. This patient had not responded well to pharmacological agents, either, so it was just as well he was under Chiropractic care. [Fedorchuk](#) helped a 6 year old girl with severe asthma and a chronic cough. She had instant relief of cough after manual adjustments, with no need for medication after 30 days, and an increase in lung volume noted.

The indexing term 'bronchitis' returned 5 articles (30 June 2021) in the *Index to Chiropractic Literature*: <https://www.chiroindex.org/?action=doSearch&search1=bronchitis&type1=all#results> and [Desilets & Oman](#) published about a 3 year old boy who had sleeping issues and bronchitis, and with manual adjustments and craniosacral therapy, his symptoms improved, again, with previous medical care seeming ineffective.

The indexing term 'croup' returned 0 articles (30 June 2021) in the *Index to Chiropractic Literature*, indicating a need for more papers to be written on the chiropractic management of patients with croup.

There is limited literature on paediatric cough, croup and/or bronchitis but this paper has demonstrated that a combination of Gonstead, Activator & SOT/cranial Chiropractic adjustments over time has led to an almost permanent reduction of coughing symptoms in this patient. The limited literature also suggests that Chiropractic intervention is a good care option to consider if medical intervention is ineffective. Given the excellent results from a number of limited paediatric

articles, further studies are needed to see if Chiropractic Care could be a good modality to consider first when symptoms of paediatric cough, croup, bronchitis or asthma arise.

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About the chiropractor

Dr Stephenson is a December 2005 graduate of Macquarie University, commencing practice in early 2006. This is a busy practice in a country town near Australia's capital city, Canberra.

This report is published with the informed consent of the parent. No identifying information is given.