Newborns (as a vital link in prevention)

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Very soon after my first course in Osteopathy in the Cranial Field where Dr. Sutherland was still lecturing once a day I was fired with enthusiasm to examine newborn babies. Over the next eight years I examined over fifteen hundred babies at a local hospital. All were examined within the first five days of birth for that was the standard duration of the hospital stay after delivery in the 1950's. Many were seen within 24 hours of birth. Eventually the results of this study were published revealing the startling fact that approximately 10% of the newborn babies had perfect, freely mobile cranial mechanisms. Another 10% had had such severe trauma to the head that the diagnosis was obvious even to the untrained observer as the baby with the crooked head or plagiocephaly (the Greek word for a crooked head). But what about the remaining 80% who had some strain patterns in the cranial mechanism? They were relatively easy to correct in a few minutes.

During the same era A.P. Warthman D.O., was examining elementary school children in the Detroit region for a particular school district. I was impressed that the strain patterns that he was describing in the children with academic problems were the same strain patterns that I was finding in the 80% of the neonates who did not have severe visible trauma yet were not in the perfect group. Would it be possible then to PREVENT the academic problems in elementary school, by correcting the strains present in the newborn? Eventually my hospital closed its maternity wing, and ultimately the hospital had to close its doors for the last time.

Now I turned my attention to the question of whether it was possible to identify something peculiar to the child with learning difficulties. The detailed analysis of the history and physical findings in two hundred children, one hundred of which were having learning problems in school revealed that the stresses of a long or difficult birth were almost invariably recorded in the histories of such children. When trauma occurred after about 3 years of age the child might have visual perceptual dysfunction which impaired the ability to follow a line of print smoothly and efficiently, or the ability to quickly adapt from distance vision on the board to near vision on the desk, or the skill to maintain a clear visual image in all directions without a "lazy" or wandering eye, but this child would not have the difficulty in learning.

At the time of birth all the nerve cells are present in the brain, but the nerve fibres progressively acquire a vital myelin sheath as the nerves develop their function. The child begins to move, to roll over, to crawl on the floor, to creep on hands and knees, to stand, to walk, to talk and do all the other activities known to small children. This progressive growth in function of the nervous system occurs within the precise formation of the skull. The skull is a mold in which nervous structure and function develops. Therefore optimal structural and functional integrity of the head permits optimal development and function of the central nervous system.

The conclusion then, is that if the osteopathic physician can evaluate, and if necessary correct the structure of the baby as soon after birth as possible many of the problems of childhood may be avoided.

This is **PREVENTION** at its best.

For this reason we encourage all mothers to give their new babies the opportunity for an osteopathic evaluation and treatment as soon after birth as possible.