

# A Little Boy, Hurting

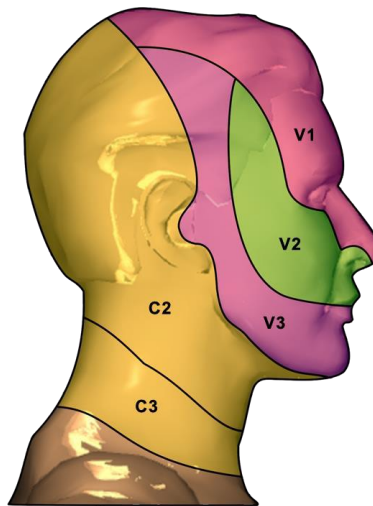
By Dr. Derek Conte

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An adorable little 7-year-old boy, we'll call him Mitch, was brought into the office by his father. Mitch was small for his age (47 pounds) and having intense, intractable headaches and right facial pain for the previous four days. His ears hurt greatly too, and Mitch felt a "full feeling in the head and ears". His father said his son had a sensitivity to pool water when swimming and also mentioned that Mitch was shoved during horseplay at school.

Our exam showed that Mitch couldn't flex, extend or laterally flex his neck at all. He just locked up with sharp bolts of pain to the ear, head and face. Mitch also had a great sensitivity to his scalp and would jump when it was lightly touched... an unusual finding.

Upon examination of his spine, it was very clear by touch alone, that Mitch's upper neck was significantly out of alignment at the C-1, C-2 and C-3 spinal levels. His pelvis was also rotated which caused his right leg to be  $\frac{3}{4}$ " shorter in length than the left leg when compared. He had never seen a chiropractor before, but this little boy needed an adjustment!



Dermatome sectors on all diagrams are approximate due to the way sensory nerves naturally overlap in the body.

- V1 - Ophthalmic Division of Trigeminal Nerve (Upper Face)
- V2 - Maxillary Division of Trigeminal Nerve (Mid Face)
- V3 - Mandibular Division of Trigeminal Nerve (Lower Face)

#### Upper Body Quarter

- C2 - Occipital Protuberance
- C3 - Supraclavicular Fossa

The significance of this combination of symptoms is that they match perfectly with the sensory distribution of the fifth cranial nerve, or Trigeminal nerve (CN-5) originating in the brainstem area called the Pons. Interestingly, the second spinal nerve (C-2) has a sensory distribution that covers the rest of the head the Trigeminal nerve doesn't cover. Most interestingly, the CN-5 and the C-2 actually share a nucleus in the spinal cord which allows these usually discreet nerves to have a cross-influence. This anatomical relation allowed for a spinal adjustment to reach deep into the brainstem and make changes to an area one cannot reach with hands alone.

We had Mitch go face-up on the table, and got him to relax with breathing and gentle manual traction. I then used my left third finger to apply a gentle, sustained pressure under his left ear where the C-1 vertebra can be felt and moved. He relaxed more and his legs now balanced out. We then adjusted the badly rotated C-2 and C-3 segments, just below, on the right to correct the mal-rotations. He was moving better now and then we adjusted his pelvis to level it.

Mitch sat up and we tapped all his sinuses with a delicate instrument and then adjusted both his ears manually (yes, we can adjust ears!). When all was done Mitch was able to perform a full cervical range of motion test without pain, had no headache, facial or ear pain and his scalp was no longer hypersensitive. He was smiling now... And surprised!

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