

Kids First by John Ferguson, D.C. “The Mythology of Growing Pains”

Have you experienced the heartbreak of having your child cry at bedtime with what seems to be indescribable pains in his/her legs?

You may have tried all the standard parent remedies: hot towels, walking, reading, cuddling, and massaging the legs, all to no avail. The pain still persists. Eventually your child finally falls asleep out of sheer exhaustion—and you simply dread a repeat.

Your heart strings and nerves have had it. Finally, out of pure frustration, you seek professional help only to be told that “It’s simply growing pains” or “Your child will eventually grow out of it.”

Concerned parents often hear such puzzling comments. What is worse, they may actually believe them. You’ve probably been told that your child’s legs hurt because the bones, ligaments and muscles are developing and a little pain is part of the process. Apparently these tissues and bones all grow differently and *should* cause pain. This has traditionally been explained away as a normal part of childhood. Many genuinely concerned parents have believed this theory for years because at first glance it seems sound. It appears to be plausible and, after all, parents are not trained doctors.

But think about it for a moment.

When did it hurt to grow? Any why only the legs? Don’t the arms, nose, fingers and other body parts also grow? Why don’t they hurt? You’re beginning to see that the explanations most parents hear are not only untrue, but also illogical. So what are the real reasons for these pains?

Exercise Essential

Growing pains are defined as pains in the limbs and joints of children often attributed to rapid growth, but it’s a mistake to attribute any kind of pain to growing. Growth is a naturally occurring process in the body that increases size by gradual addition or fusion of materials. The human body is complex in its development and growth, but it is a positive process—not a painful one.

Growth occurs rapidly during early infancy. Middle infancy is marked by gain of control over large muscle groups. Between the ages of two-and-a-half to 11 years, physiological growth rates lessen. Since the child’s height and weight changes slowly, he is able to gain vigor and balance in his sensory-motor operations during this period of development.

The next stage of development is puberty. This usually occurs between age 10 and 15. This is a stage of rapid growth and maturation most often associated with the term “growing pains”. Rapid growth starts with the release of new genetic information by the organizing cells. This information activates the endocrine system and the glands in the system secrete the hormones which will activate growth.

The pituitary gland secretes several hormones directly related to growth. Somatotrophin controls the size of the individual, especially the length of the limbs. The thyroid gland secretes thyroxin which greatly influences metabolism of the body. These hormones activate the cells of the body to increase and promote rapid growth.

The maturation of the skeleton is a near perfect example of growth engineering. Molding itself as it grows, it adapts to its own growth and the vertebral column acquires two more curves than it had at birth; the legs become proportionately longer and the trunk shorter. While bone development is consistent with the general rate of physical maturation, the speed of muscular growth is influenced by the amount of physical exercise.

Muscles lengthen proportionate to bone growth and so do the ligaments attached to the bones. In other words, everything grows at a normal, perfect rate. But for muscles to increase in size, physical exercise is needed. At that age, children are very active.

Even their everyday activities promote a certain degree of muscular development. The children that are super active will increase more, but not until the late stages of puberty are the muscles ready for major development. If major muscle growth should precede bone development, it is apt to contribute heavily to psycho-motor incoordination.

Even in rapid growth the process is very delicate and precise. The body is special in the way it is able to adapt to this process. This is called “NORMAL”.

Bone Imbalance

The vast majority of children I see with the complaint of growing pains are in the very active formative years, most between six and 15 years old. The sudden jars, bumps and lumps of vigorous play often produce stress on the spine and cause vertebrae to become irregular (termed ‘subluxations’). These irregularities affect the way certain nerves control the function of your child’s legs, knees, and feet. In adults this is called sciatica: pain in the legs.

Even the internal organs can be affected, creating a plethora of difficulties ranging from abdominal cramps to diarrhea and/or constipation.

As well as the vertebral misalignment, children can also suffer from what I refer to as a “functional pelvic imbalance”. In simple terms, it is a misalignment of the pelvic bones which then changes the way a child walks. It seems to be prevalent in six to 15 year-olds and can cause considerable strain on some of the muscles of your child’s legs. They become slightly inflamed and produce discomfort, usually at night. The discomfort your child experiences in the legs is either from sciatic nerve involvement or from continual strain on muscles and ligaments, not from growing.

These pelvic imbalance misalignments often cause children to develop scoliosis (spinal curvature) and change the function of certain pelvic muscles to produce internal rotation of the leg: “pigeon toes”. These are often the children who are labeled as “klutzy”. This is a problem so common among children that surgery is often recommended, but has been prevented for the children under care in my office.

Many parents are surprised to learn that most of the problems I see in adults can be traced to some childhood incident or injury which caused the vertebrae or pelvis to misalign. Consider this: those of you who are bothered by low back and/or leg pain today (as adults) most likely also experienced growing pains when you were little. You may not realize that having your subluxations corrected when you were a child may very well have eliminated the difficulties you are experiencing today.

If your child is experiencing pain in the legs or “restless legs”, a visit to a chiropractor with pediatric experience should be a priority.

The following will offer temporary relief in the meantime:

- Hot damp compresses on the outer part of the thighs
- Gentle leg stretches (your chiropractor will advise you on this)
- Vitamin B complex
- Calcium supplementation

One thing you should keep in mind is that pain is a warning. It is the body’s way of letting us know something is simply not right. If your child is complaining, remember that there is a reason for it. Please make sure your children are checked by a chiropractor who is familiar with this problem.

Dr. John Ferguson is a Wellness Chiropractor in Clifton Park and member of the International Chiropractic Pediatric Association.