Precocious Puberty and McCune Albright Syndrome

A very interesting and informative article appeared in this weekend’s New York Times Magazine, written by Elizabeth Weil. It discusses the upsurge in the onset of puberty at earlier ages than ever before, particularly in female child. If you have young children this article, (Puberty before age 10: A New ‘Normal’?), should be on your reading list. This particular disorder is referred to in the literature as Precocious Puberty. It is not genetic in nature however it can be confused with a rare orphan condition known as McCune Albright Syndrome.

Precocious puberty is defined as developing the secondary sex characteristics of “pubic hair, armpit hair, pimples around the nose in female or male, and budding of breast in female and enlargement of the penis in the male. This would be expected in females about 11 to 14 and male from 13 to 17 year of age, is now turning up at 8 to 9 years old.

Current research published in Journal of Pediatrics showed finding in girls by age 7, 10 percent of white, 23 percent of back, 15 percent of Hispanic, and 2 percent of Asian had started developing breasts. It is believed that chemicals in food and water of estrogen-mimicking chemicals known as (xeno-estrogens) are producing this phenomena. BPA which is found 93% of Americans show trace amount in their bodies. This article also talks about use of Applied Kinesiology to search out causal elements that may be in the child’s diet.

The more fat tissue the child has the more leptin is released and the more estrogen will be produced this can also cause the growth plates on long one to close to soon and cause a loss of potential height. So treatment should be considered if your child is showing any of these characteristic and it should be conservative in nature with the use of chiropractic spinal manipulation, nutritional support to lower the hormonal levels and medical and drug intervention should only be considered, if conservative method fail. Hormonal level should be measured at regular intervals for estrogens, testosterone, growth hormone, thyroid and pituitary hormones.

McCune-Albright Syndrome (MAS) is an orphan disease whose occurrence is estimated at 1 per 100,000 or 1 per 1,000,000 births. This would translate to only a few hundred cases in the US. MAS is defined by a clinical triad of fibrous dysplasic (FD) of bone known for its appearance of (ground glass lesions), café-au-lait skin spots, and precocious puberty (PP). This condition came to my attention about 7 years, when my grand daughter was diagnosed to have this syndrome. I am including information on this disorder because many MD are not aware of it because of its rarity, and because of its symptoms of precocious puberty. Obviously any sign of (PP), the examining physician would have rule out (MAS).

The skin spots can be mistaken for a birthmark. If they are small they are of no major concern but have to be differentiated from another serious disease which has similar café-au-lait spots, known as Neurofibromatosis or Von Recklinghausen’s Disease (VRD), which is characterized by fibrotic nerve tumors (non-cancerous), however usually painful and can lead to bony skeletal deformities. These deformities were made famous in the movie (Elephant Man). There are
The café-au-lait marking are very similar and differentiated by the outer borders (MAS) is said to appear like the coast of Maine jagged and irregular, and (VRD) is described as smooth like the coast of California. I will only address the McCune-Albright Syndrome in this newsletter and what conservative care with chiropractic and applied kinesiology can provide to assist the medical profession to limit the problems this disorder can cause.

MAS and VRD can effect the skeletal system in similar way creating deformities of long bone and the skull and facial region. Fractures are common in MAS, because of the fibrotic changes that are not as strong as natural bone. Neurofibromatosis usually only effects nervous system, whereas McCune Albright can effect almost all glandular organs such as, ovaries, adrenal, thyroid and pituitary glands. It can cause such diseases as hyperthyroidism, growth hormone excess, Cushing’s syndrome and even renal phosphate wasting.

Medical treatment with MAS is usually “watch-and-wait” with periodic examinations and blood work measuring hormonal levels being guided by a pediatric endocrinologist, orthopedist and neurologist. Conservative treatment with chiropractic spinal manipulation done and cranial techniques done in a very genital manner will stabilize the way the brain and nervous system work and coordinates how the brain and spinal cord control the action and feedback of glandular systems. The bone lesions and the glandular dysfunction can be handled with nutritional support of the involved organs system involved. The skeletal weakness can be supported by nutritional supplementation of calcium, chondroitin and glucosmine sulfate, vitamin D3, vitamin K3, and the trace mineral strontium.

If you require any help in either of the condition call my office and I will try to assist you to find the correct treatment and support.