

Antibiotics are not needed for ear infections in children

(NaturalNews) Ear infections represent the most common reason for antibiotic prescriptions in children, even though the American Academy of Pediatrics recommends that most children with acute ear infections be observed for a period of 48 to 72 hours without antibiotics (AAP Subcommittee, 2004). They reached this conclusion because most children with ear infections will get better just doing nothing (Rosenfeld 2003).

A study published in the November 2010 issue of JAMA confirms the wisdom of avoiding antibiotics for the treatment of ear infections. This study reviewed 125 previous studies on the effect of antibiotics vs placebo, and found that 80 percent of children with ear infections would recover within about 3 days without antibiotics. If all of the children were treated with antibiotics, then another 12 percent would improve in three days. However, 3 to 10 percent of the children would develop diarrhea (Coker 2010). The authors could not assess the long term effect of antibiotic treatment on antibiotic resistance and further infections based on the data, but some studies have shown that children treated with antibiotics tend to develop resistance to antibiotics and have more ear infections than children not treated. This makes sense because antibiotics interfere with the production of white blood cells. When white blood cells are unable to fight infections, then recurrence of an infection is more likely (Fratkin).

The modest benefit of using antibiotics for ear infections may be far outweighed by the detrimental effects, especially when other safe and effective treatments exist for resolving these acute infections.

Homeopathy and herbal medicine have been effectively treating ear infections for hundreds, even thousands, of years. A double-blind clinical study of the homeopathic treatment for ear infections showed a significant decrease in symptoms after 24 hours compared with the placebo-treated children (Jacobs 2001). Chinese herbal medicine offers especially effective treatment for ear infections in children, including formulas specifically developed for pediatric use (Neustaedter 2010; Fratkin). With these alternatives available and the evidence from numerous studies of antibiotic failure, it seems that the era of prescribing antibiotics for children's ear infections should be relegated to the past.

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Study links ear infections to pacifier use

September 05, 2000

Results of a new study suggest that heavy pacifier use by infants may contribute to an increased risk of ear infection.

Reporting in the journal *Pediatrics*, researchers in Finland found that children who stopped using pacifiers regularly after 6 months of age had more than a third fewer ear infections than those who continued to use them.

"The method by which pacifier use increases susceptibility ... is not known," lead study author Dr. Marjo Niemela of the University of Oulu wrote. "It is reasonable to assume that the effect may lie in an alteration in the pressure equilibrium between the middle ear cavity and the nasopharynx, which apparently impairs the functioning of the Eustachian tube."

The Eustachian tube is a passage that connects the middle ear to the cavity at the back of the nose and mouth. It acts as a drain for the middle ear and equalizes air pressure between the inner and outer surfaces of the eardrum. Blockage of the Eustachian tube can result in infection.

"Over half of children will have at least one ear infection by the first year of life," said Dr. Jeffrey Keller, an ear, nose and throat specialist at New York Presbyterian Hospital. "So perhaps a small intervention like removing or eliminating pacifier use could have significant impact in terms of decreasing the tendency for ear infections." Keller, who also is an adjunct assistant professor of otorhinolaryngology at the New York Weill Cornell Center, called the Finnish study "interesting" and "compelling" as well as one that "offers parents some hope that they have some control over a variable that potentially could reduce the tendency of ear infections in their children."

Still, the group studied was small -- just 484 children at 14 well-baby clinics. Data were collected for three to six months, according to the study.

In order to make a comparison, nurses at some clinics advised parents to restrict pacifier use to bedtime only after the age of 6 months because of such increased health risks. Parents also were told that pacifiers should not be given to infants older than 10 months of age. Other parents in the study were not advised on pacifier use either way.

Until now, pacifier use had been associated with a temporary effect on tooth and bite development. But the Finnish study authors also suggest repeated pacifier use also could contribute to increased oral fungal infection and tooth decay. And doctors advise that pacifiers can spread germs if children share them.

Keller said pacifier use by older children -- those past infancy -- "is kind of a learned behavior." If the pattern can be disrupted, he said, dependence on its use can be lessened.

New Research into Chiropractic Helping the Ear Infection Epidemic!

David Eisenberg, MD is conducting research into the role of Chiropractic in the help of chronic ear infections. This work is in progress under a grant from the Consortial Center for Chiropractic Research and the National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine (NCCAM).

To me this is very exciting and much over-do. I have seen children with ear infections for years in my office and have had wonderful results. It's a slam dunk! Antibiotics are the chosen treatment and they are doing grave harm to these children. Otitis media is the #1 prescribed diagnosis for antibiotics and ear tube surgery is the #2 surgery in this country. BEFORE things get to far out of hand, see a chiropractor.

This study is looking into: The innervation of the tensor veli palatini (tvp) muscle is through the motor fibers of the mandibular branch of the trigeminal nerve. These fibers unite to form portions of the superior cervical ganglion located between the C-1 and C-4 nerve roots. Neurological compromise of this muscle by osseous or soft tissue structures may contribute to the malfunction of the tvp muscle causing inadequate patency of the tube resulting in the pathological response of otitis media.

Chiropractic therapy may improve the function of the TVP.

The Ear Infections Epidemic – The Truth Every Parent Needs to Know!

Ask any parent about ear infections, and you will likely hear one horror story after another. Ear infection or Otitis Media, is the most common reason for visits to the pediatrician's office. In fact, visits to the pediatrician's office for ear infections have increased over 150% from 1975 to 1990. It is estimated that over 30 million visits are made every year in an attempt to deal with this problem.

In my practice, we have an effective, safe solution to the problems plaguing parents. What we find is most parents fail to understand what is happening with these infections.

Otitis Media is the general name for several conditions affecting the middle ear. The most common symptoms are earache, a feeling of pressure, and perhaps difficulty hearing due to increased amounts of fluid. Teething often produces similar symptoms, therefore, the child should be carefully observed before jumping to any conclusions.

Historically, the treatment for ear infections has been antibiotics. This method of treatment has come under severe attack over the past several years for many reasons. One of the reasons, the overuse and over prescription of these antibiotics, has led to what is termed “antibiotic resistant bacteria”. These bacteria have “evolved” and changed so that the antibiotics no longer affect them. Because of this phenomenon, stronger and stronger antibiotics are being used, which is leading to more and more resistance.

Another reason use of antibiotics has come under fire is because study after study has demonstrated that they are not effective. In other words, they do not work! This is why so many children are on one antibiotic after another, stronger and stronger each time. Sure, many times the infection will go away, but it quickly returns with a vengeance, and so begins the antibiotic roller coaster.

The reasons they continually reoccur is two-fold: First, antibiotics kill off most bacteria in the body including the helpful “good” bacteria our bodies need. This depletes our children’s natural immune system, making them vulnerable to many more infections of varying types.

Secondly, antibiotics merely attempt to treat the symptoms of ear infections, they do not address the actual cause and therefore the infections return.

The real question then is what is the cause of ear infections? The reality is that ear infections themselves are merely a symptom of a greater problem. The vast majority of them are secondary to a cold or another infection, which may be due to a depressed immune system.

The other more physical reason children suffer from ear infections is because of the actual anatomy of the young ear.

In children, the Eustachian tube is nearly horizontal, gradually acquiring a near 45-degree angle. This often slows draining of these tubes and with stagnant fluid, infection may appear.

The obvious question from most parents now is: what can we do? The answer lies in a new level of thinking.

As a chiropractor, my primary objective is to address the root cause of health problems. Treating symptoms, as mentioned earlier, has been proven unsuccessful at best. When dealing with your children and ear infections, my goal is to correct the actual cause, and to allow the body to function at its optimal potential. (<http://tinyurl.com/ybqlymw>)

There is a direct link between the nerves in the neck (the superior cervical ganglion), the muscles of the Eustachian tubes (tensor veli palatini) and the middle ear.

Let me explain: The middle ear drains any fluid through the Eustachian tubes. These tubes open and close through the action of a muscle and that muscle is controlled by a nerve. This nerve originates in the neck. When this nerve is not functioning normally, the tensor veli palatini muscle may go into spasm, which constricts the Eustachian tube, restricting drainage and causing fluid buildup in the middle ear. This fluid, combined with a stressed immune system, may result in an ear infection.

Ultimately then, this “nerve interference” can cause your children to suffer as they do. My job as a chiropractor is to detect this nerve interference called subluxation, and correct it. A subluxation is a misalignment of a bone in the spine that pinches, stretches or twists a nerve resulting in interference.

By correcting this interference, the child’s body is given the potential to heal and be well. With proper chiropractic care, your child will be able to live a life free from nerve interference, and free from unnecessary medications and antibiotics.

Chiropractic adjustments for children are very gentle and differ tremendously from the adult version. Imagine you are putting a contact in your eye or testing a tomato to see if it is ripe, that is the extent of the pressure used in these treatments. There is no twisting, popping or pulling involved.

Through advances in technology such as Surface EMG and Thermal Scans, a chiropractor can easily detect these subluxations and monitor their correction as well. This enables chiropractors to be accurate and objective, allowing you the best care possible.

A promising study published in the Journal of Clinical Chiropractic Pediatrics now indicates that there is a strong correlation between chiropractic adjustments and the resolution of ear infections. 332 children with chronic ear infections participated in the study. Each child, ranging in age from 27 days to 5 years, was given a series of chiropractic adjustments. The results show that close to 80% of the children in this study experienced NO ear infections within the six-month period following their initial visits. The six-month period included maintenance treatments every four to six weeks.

Correcting the cause through chiropractic has been shown to help over 80% of all children with ear infections.

Treating the symptoms of ear infections with antibiotics has proven to be ineffective. Give your children a fighting chance with chiropractic; it could change your lives!

Ear Infections

At HealthSource our purpose is to check, **educate**, and adjust as many families as possible toward optimal health through natural chiropractic care. Dr. Susan Friedman commits several hours every week to reviewing the most recent research to ensure that HealthSource always provides the highest standards of care. Here you will find research on Ear Infections. Should you have any questions or concerns please feel free to contact our office.

Chiropractic Helps in Prevention of Recurring Ear Infections.

In the October 1998 issue of the Ladies Home Journal appeared an article entitled, "Chiropractic Adjustments for Chronic Ear Infections." This article reviewed several studies showing the effectiveness of chiropractic care for preventing re-occurring ear infections known as Otitis Media or OM.

According to the article, reoccurring ear infections account for over 35% of all pediatrician visits in the United States. Sometimes these infections are due to bacteria and sometimes these are due to a virus. The most common medical care for this situation has been antibiotics, even though antibiotics have no effect on viruses. While the article mentions that the antibiotic may be effective in an acute bacterial infection, they do nothing to stop repeat infections. Research and statistics is now showing that repeated use of antibiotics is contributing to future infections by creating drug-resistant infections. The surgical approach has met with little long term results as the "tubes" placed in children's ears often come out and usually require a child to be put under general anesthesia to do the surgery.

The article in the Ladies Home Journal states, "Chiropractic care is thought to prevent recurrent infections by correcting misalignments (called subluxations) and allowing normal fluid drainage from the middle ear." What the article took special note of was that 6 months after the chiropractic care was given to the children in the study, 80 percent had not suffered a recurrence of ear infections.

In closing the article did make a profound statement. They made a recommendation to parents on this subject. "If your child is between ear infections and his doctor suggests ear-tube surgery, ask if you can try chiropractic treatment first." While we agree with that sentiment, we suggest you not wait for a period between episodes, and you don't have to "ask" permission from any other doctor to seek chiropractic care. As the sneaker company said, "just do it!"

"Chiropractic Care of 401 Children with Otitis Media: A Pilot Study". Found in the March 1998 edition of Alternative Therapies and authored by Fallon and Edelman.

Conclusion:

“There is a strong correlation between chiropractic adjustment and the resolution of otitis media for the children in this study, which can serve as a starting point from which those in the chiropractic profession can examine their role.”

By the age of three, over two thirds of all children have had one or more episodes of otitis media or middle ear infection. There are numerous problems with antibiotic usage for children with ear infections such as: allergic reactions, GI upset, destruction of the gut's intestinal flora leading to yeast proliferation and antibiotic resistance. Tubes in the ears have a 98% recurrence of infection within two months while 25% of those with tubes suffer from hearing loss years later.

The use of osteopathic manipulative treatment as adjuvant therapy in children with recurrent acute otitis media, Mills, MV; Henley, CE, Barnes, LLB et al. Arch Pediatr Adolesc Med. 2003;157:861-866.

57 patients 6 months to 6 years old with 3 episodes of acute otitis media (AOM) in the previous 6 months, or 4 in the previous year were placed randomly into 2 groups: one receiving routine pediatric care (32), the other receiving routine care plus osteopathic manipulative treatment (25).

The osteopathic patients had fewer episodes of AOM, fewer surgical procedures, and more surgery-free months and more normal tympanograms. No adverse reactions were reported.

This study suggest osteopathic manipulations may prevent or decrease surgical intervention or antibiotic overuse with children with AOM.

The management of acute otitis media using S.O.T. and S.O.T. Craniopathy. Hochman J. Today's Chiropractic May/June 2001. Pages 41-42.

Sisters aged 2 and 4 with chronic ear infections who had received numerous courses of antibiotics over at least two years (no improvement) were adjusted using SOT and Dynamic Spinal Analysis methods. After the first visit, the mother reported that both children were “doing much better.” No more ear infections have been reported.

The management of acute otitis media using SOT and SOT cranial. Hochman, J. Sorsi Communicator Vol 14 No. 2 July 2001.

A baby boy, age 6 months, was scheduled for ear tubes. His atlas was adjusted. His ear infection completely cleared up by the next day. Tubes were never inserted.

Two [girls] aged 3 and 4 with chronic ear infections and upper respiratory dysfunction [received] upper dorsal and cranial adjustments. No more ear infections have occurred since the first visit.

Chronic recurrent otitis media: a common pediatric malady. Fysh PN. The philosophy, art and science of chiropractic. Lisbon 2000 Symposium proceedings. Pp. 64-68. Pub by the Foundation for the advancement of chiropractic tenets and science, ICA, Arlington, Virginia.

It is the author's experience that none of the children in his study needed tympanostomy tubes inserted. Within 4 to 7 days of the commencement of the spinal adjusting program, the fluid level behind the tympanic membrane was most often resolved.

The effect of the correction of the vertebral subluxation on chronic otitis media in children. Heagy, DT Chiropractic Pediatrics, 1996; 2/2:6-7.

Four patients (from 14 months to 7 years of age) who had all had multiple antibiotic regimens responded to adjustments.

Case History Bofshever, H. Coral Springs, FL. ICPA Newsletter Nov/Dec 1999.

"An upset father presented to my office on 4-30-99, with his 9 year old son, who has been having chronic ear infections."

So begins this case history. The boy had been having ear infections since he was 3 and they had been getting "progressively worse." Five years prior tubes were put in his ears. The child was scheduled for another ear surgery and to have his swollen tonsils and adenoids removed. Child had been "on and off antibiotics at least every six weeks for the past six years."

Chiropractic examination revealed subluxation complexes at C2 and C6. After the second adjustment father commented that the boy is "much more alert and is concentrating better at school." Teachers noticed the improvement." The boy stopped complaining about his ears after the first adjustment. At a six week evaluation there was no ear effusion in either ear. Tonsils and adenoids were normal size. ENT (ear nose and throat) doctor cancelled surgery. After 5 months, the child has had no ear infections, no sore throats, no colds, no flu and has been on no medications.

Chiropractic care of 401 children with otitis media: a pilot study. Fallon and Edelman. Alternative Therapies March 1998 4(2):93

There is a strong correlation between chiropractic adjustments and the resolution of otitis media for the children in this study, Chiropractors do not treat otitis media or any other malady, rather we correct the cause of the vertebral subluxation and allow the power that made the body heals the body. It happens no other way.

Case study: chiropractic results with a child with recurring otitis media accompanied by effusion. Peet, JB Chiropractic Pediatrics, 1996;2:8-10.

This is the study of a 5 year-old male who had recurring ear infections every three to six weeks for the previous two years. He had been on antibiotic therapy. The child began chiropractic care and for the next six month period had only one infection.

Irritable child with chronic ear effusion/infections responds to chiropractic care. Thomas D. Chiropractic Pediatrics 1997; 3(2) 13-14.

This child had chronic ear effusion infections since birth which continued regularly until 12 months of age. He was adjusted at 11 months for an atlas subluxation. After 8 weeks of care the child had not experienced an ear infection for one month and had not had any drugs or antibiotics since chiropractic care. Improvements in personality and behavior were also noted by the mother, babysitters and the chiropractor.

Allergy airway disease and otitis media in children. Todd NW, Feldman CM, Int J Pediatr Otorhinolaryngol 1985: 10(1):27-35.

Musculoskeletal eustachian tube dysfunction is an important etiological factor for otitis media. The eustachian tube dysfunction manifests primarily by poor ventilation from the nasopharynx to the middle ear, by allowing negative pressure in the middle ear.

The role of the chiropractic adjustment in the care and treatment of 332 children with otitis media. Fallon, JM. Journal of Clinical Chiropractic Pediatrics Oct 1997, 2(2):167-183.

311 of the 332 had a history of prior antibiotic use. 53.7% of the children had their first bout of otitis media between the ages of 6 months and 1 year and a total of 69.9% of the subjects in the study had their first bout of OM under a year of age. This is consistent with the findings of others.

The children were 27-days-old to five-years-old. The average number of adjustments administered by types of otitis media were as follows: acute otitis media (127 children) 4 adjustments; chronic/serous otitis media (104 children) 5 adjustments; for mixed type of bilateral otitis media (10 children) 5.3 adjustments; where no otitis was initially detected (74 children) 5.88 adjustments. The number of days it took to normalize the otoscopic examination was for acute 6.67, chronic/serous 8.57 and mixed 8.3. The number of days it took to normalize the tympanographic examination was acute 8.35, chronic/serous 10.18 and mixed 10.9 days. The overall recurrence rate over a six month period from initial presentation in the office was for acute 11.02%, chronic/serous 16.34%, for mixed 30% and for none present 17.56%.

Prevention and therapy of serous otitis media by oral decongestants. A double-blind study in pediatric practice. Olson, AL; Klein SW; Charney E.

MacWhinney JB Jr., McInerny TK, Miller RL, Nazarian LF, Cunningham D. et al Pediatrics Vol. 62, May 1978, 679-84.

57% of patients with pharyngitis were treated on the first day of sore throat with spinal manipulative therapy and salt water gargle. All were symptom free the second day.

100% of patients with laryngitis were treated on the first day of illness, with spinal manipulative therapy and voice function returned to normal within one day.

Characteristics of 217 children attending a chiropractic college teaching clinic. Nyiendo J. Olsen E. J Manipulative Physiol Ther, 1988; 11(2):78084.

The authors found that pediatric patients at Western States Chiropractic College public clinic commonly had ordinary complaints of ear-infection, sinus problems, allergy, bedwetting, respiratory problems, and gastro-intestinal problems. Complete or substantial improvement was noted in 61.6% of pediatric patients of their chief complaint, 60.6% received "maximum" level of improvement while 56.7% of adult patients received "maximum" level of improvement.

Treatment protocols for the chiropractic care of common pediatric conditions: otitis media and asthma. Vallone S and Fallon JM Journal of Clinical Chiropractic Pediatrics 1997 2(1) 113-115.

This paper is the result of a survey of 33 chiropractors enrolled in the first year of a three year postgraduate course in chiropractic pediatrics with respect to otitis media and asthma. "Spinal adjusting was most commonly used for both asthma and otitis media. The atlas was adjusted in 100% of cases with otitis media and the atlas or axis in 97% of asthma cases. 100% of the doctors adjusted the thoracic region for asthma.

Chiropractic results with a child with recurring otitis media accompanied by effusion. Peet, JB Chiropractic Pediatrics, 1996;2:8-10.

This is a case study of a five year old male with recurring otitis media. During the six months of adjustments, the child had only one middle ear infection with mild effusion. In the previous year, the child had recurring middle ear infections with effusion approximately every three to six weeks.

Cause of eustachian tube constriction during swallowing in patients with otitis media with effusion. Takahashi H; Miura M, Honjo I, Fujita A. AnnOtol Rhinol Laryngol 1996; 105(9); 724-8.

Inflammation in the nasopharynx and the pharyngeal portion of the eustachian tube was considered to be closely related to the tubal constriction, which contributes to tubal ventilatory dysfunction in otitis media with effusion.

Ear infection: a retrospective study examining improvement from chiropractic care and analyzing influencing factors. Froehle RM J Manipulative Physiol Ther 19 (3): 169-177 (Mar 1996).

This was a study of forty-six children aged 5 years and under in a private practice in a Minneapolis suburb. Sacral Occipital Technique-style pelvic blocking and the doctor's own modified applied kinesiology was employed. Typical care consisted of three adjustments per week for one week, then two adjustments per week for one week, then one adjustment per week. Interestingly, children with a history of antibiotic use were associated with a less favorable outcome.

93% of all episodes improved, 75% in 10 days or fewer and 43% with only one or two treatments. Young age, no history of antibiotic use, initial episode (vs. recurrent) and designation of an episode as discomfort rather than ear infection were factors associated with improvement with the fewest number of adjustments.

Chronic recurrent otitis media: case series of five patients with recommendations for case management. Fysh PN, Journal of Clinical Chiropractic Pediatrics 1996 1(2):66-78.

The author presents a case series of five patients (ages 0 to 5) with chronic otitis media who had previously been under regular medical pediatric care for this condition for at least six months without resolution. These children all underwent a program of chiropractic case management, including specific spinal adjustments, and responded to care from 3 days to 8 weeks.

All patients had excellent outcomes with no residual morbidity or complications. All had five adjustments to the spine. Of the five, 3 had an atlas subluxation, one had an occipital subluxation and one had an atlas and axis subluxations. These children were adjusted full spine as well.

The response of a patient with otitis media to chiropractic care. Thill L, Curtis J, Magallances S, Neuray P. Life Work 1995; 3: 23-28.

A 19 month old female with a chronic history of acute episodes of suppurative otitis media was on antibiotics over a six month period with no improvement. Antibiotics were stopped and the patient then began a four week course of intensive chiropractic care, with complete resolution at two weeks.

Neurological Fitness Vol. V, No. 2 Jan 1996: Reviewer's Synopsis of this paper: this patient presented with glassy eyes, a runny nose, and apparent discomfort evidenced by continual tugging at both her ears. The mother reported that her child had been like this over the previous six months. In addition to the antibiotic therapy medical treatment also included weekly steroid injections and inhalants to control asthma...no improvement had been noticed by the mother and several emergency room visits had been required due to asthmatic attacks.

The atlas fixation syndrome in the baby and infant. Gutmann G. Manuelle Medizin 1987 25:5-10, Trans. Peters RE.

This is the case of an 18-month-old boy suffering from recurring tonsillitis, frequent enteritis, and therapy resistant conjunctivitis. He also suffered from colds, rhinitis, ear infections and sleep disturbances.

“Immediately after (spinal adjustment), the child demanded to be put to bed and for the first time slept peacefully to the next morning. Previously disturbed appetite normalized completely. Conjunctivitis cleared completely.”

Vertebral subluxations and otitis media: a case study. Phillips, NJ. Chiropractic: The Journal of Chiropractic Research and Clinical Investigation. Jul 1992, Vol: 8(2), pp.38-9. Author’s abstract:

A 23-month-old female with chronic otitis media had orthodox medical treatment with no relief of symptoms. Conventional medical treatment included numerous regimens of broad-spectrum antibiotics and bilateral myringotomies with tympanostomy tube placement. The tubes were still in place on presentation. Three days after initial adjustment (at C-1) the patient’s ear drainage and pain were noticeably reduced. Child was soon free of all symptoms.

Sore throat, difficulty in swallowing, nausea, vomiting, poor appetite, and alternating diarrhea and constipation Neurological Fitness Vol. V, No. 2 Jan 1996:

This is the case of a patient presented with a history of sore throat, difficulty in swallowing, nausea, vomiting, poor appetite, and alternating diarrhea and constipation. She was also suffering from ear pain and ear discharge related to chronic otitis media of 17 months duration. This condition had resisted several regimens of antibiotics as well as surgery to insert tympanostomy tubes.

Three days after the first adjustment, the ear pain and discharge were substantially reduced. Continued correction of C1 eventually resulted in both ears being clear of exudate. At the time of this report, the patient has been symptom-free for approximately four years.

A comparative study of the health status of children raised under the health care models of chiropractic and allopathic medicine. Van Breda, Wendy M. and Juan M. Journal of Chiropractic Research Summer 1989.

In this study 200 pediatricians and 200 chiropractors were interviewed and asked about their children’s health. More than 80% of the medical children suffered from at least one bout of otitis media while only 31% of the chiropractic children were so reported.

This study has a number of flaws, one being that approximately 25% of the chiropractic children had been vaccinated. Since vaccination weakens the child's immune system and predisposes to ear infections those children should have been separated from the data. Still the study is quite interesting and may serve as an inspiration for later researchers to do further outcome studies.

Diagnosis and treatment of TMJ, head, neck and asthmatic symptoms in children. Gillespie BR, Barnes JF, J of Craniomandibular Practice. Oct. 1990, Vol 8, No. 4.

The authors note that pathologic strain patterns in the soft tissues can be a primary cause of headaches, neck aches, throat infections, ear infections, sinus congestion, and asthma.

Structural normalization in infants and children with particular reference to disturbances of the CNS. Woods RH Journal Of The American Osteopathic Association, May 1973,72: pp.903-908.

Post-traumatic epilepsy, allergic problems, otitis media and dizziness have been relieved by cranial manipulation.

Blocked atlantal nerve syndrome in babies and infants. Gutman G. Manuelle Medizin (1987) 25:5-10.

Three case reports are reviewed to illustrate a syndrome caused and perpetuated in babies and infants by blocked nerve impulses at the atlas. Included in the clinical picture are lowered resistance to infections, especially to ear-nose-, and throat infections.

Chronic otitis media: a case report. Hobbs DA, Rasmussen SA. ACA J of Chiropractic. Feb 1991;28:67-68.

This is a case study of a 38-year-old female who had previously suffered from headaches and colitis that had resolved after earlier chiropractic care.

Her hearing loss and chronic otitis media symptoms subsided and hearing was restored through chiropractic care and cranial adjustments.

From Neurological Fitness Magazine V.1 No.4, July 1992:

“Dr. Peter Fysh hypothesized that cervical adjustments relieve blockage to lymphatic drainage from the ears.” [Proceedings of the National Conference on Chiropractic and Pediatrics (ICA), 1991;37-45].

From Neurological Fitness Vol. V, No. 2 Jan 1996:

A 33-year-old male patient presented with a feeling of fullness in his ears, hearing loss, and tinnitus. The patient had a history of eustachian tube blockage since childhood. His problems were not relieved by a course of antihistamines.

Following diversified adjusting (primarily C2, C5), audiometry and tympanometry findings normalized and his subjective complaints were alleviated.

Chronic ear infections, strep throat, 50% right ear hearing loss, adenoiditis and asthma. Case history by G. Thomas Kovacs, D.C. International Chiropractic Pediatric Association newsletter. July 1995.

This is the case of a 4 1/2 year old female suffering from chronic ear infections, strep throat, (on and off for 4 years) 50% right ear hearing loss, adenoiditis and asthma.

She had been on antibiotics (CeclorT), developed pneumonia, was on bronchodilators and anti-inflammatory for asthma and given steroids. ENT diagnosed child with enlarged adenoids and scheduled surgery to remove child's adenoids and to put tubes in her ears.

Chiropractic history revealed cervical (C2), thoracic (T3) and right sacroiliac subluxation. She was adjusted 2x/week for 6 weeks. After 3 or 4 adjustments, the mother noticed "a changed child, she has life in her body again...acting like a little girl again for the first time in 4 years." After 6 weeks, pediatrician and ENT noticed no sign of ear infection or inflammation. "Her adenoids, which were the worst the ENT has ever seen, were perfectly normal and healthy. Hearing tests revealed no hearing loss.

The family finally told the child's M.D.s that "all medication was stopped 6 weeks ago when chiropractic care started." The family was told to continue chiropractic care because it had "obviously worked."

Chronic ear infections. The side-effects of the chiropractic adjustment. Arno Burnier, D.C. Chiropractic Pediatrics Vol. 1 No. 4 May 1995.

This is a case history of Tim and Patrick, males, ages 6 and 9 with a medical diagnosis of chronic ear infections and who were on multiple courses of Ceclor T antibiotic and Nebulizer T .

After adjustments (Tim – C2, C3, D12/L1, Patrick – Oc/C1, Sacrum) both children have been free of medication and over-the-counter drugs for the past three years.

Ear Infection (Otitis Media)

Peer Reviewed Journals:

1) Chiropractic RX for Chronic Otitis Media With Effusion David Eisenberg, MD This work is in progress under a grant from the Consortial Center for Chiropractic Research and the National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine (NCCAM)

- The aim of the proposal is to examine whether chiropractic treatment will reduce the likelihood of the persistence of effusion in children with otitis media with effusion (OME) when compared to usual care.
- The innervation of the tensor veli palatini (tvp) muscle is through the motor fibers of the mandibular branch of the trigeminal nerve. These fibers unite to form portions of the superior cervical ganglion located between the C-1 and C-4 nerve roots. Neurological compromise of this muscle by osseous or soft tissue structures may contribute to the malfunction of the tvp muscle causing inadequate patency of the tube resulting in the pathological response of OME. Chiropractic therapy may improve the function of the TVP.

2) Prevention and Therapy of Serous Otitis Media by Oral Decongestants. A Double-Blind Study in Pediatric Practice. Olson, AL; Klein SW; Charney E. MacWhinney JB Jr.,McInerney TK, Miller RL, Nazarian LF, Cunningham D. et al Pediatrics 1978 May; 61 (5): 679-684

- Pharyngitis-57% of patients with pharyngitis were treated on the first day of sore throat with spinal manipulative therapy and salt water gargle. All were symptom free the second day. Laryngitis- 100% of patients with laryngitis were treated on the first day of illness, with spinal manipulative therapy and voice function returned to normal within one day.

3) Characteristics of 217 children attending a chiropractic college teaching clinic. Nyiendo J. Olsen E. J Manipulative Physiol Ther 1988 (Apr); 11 (2): 78-84

- The authors found that pediatric patients at Western States Chiropractic College public clinic commonly had ordinary complaints of ear-infection, sinus problems, allergy, bedwetting, respiratory problems, and gastro-intestinal problems. Complete or substantial improvement had been noted in 61.6% of pediatric patients of their chief complaint, 60.6% received "maximum" level of improvement while only 56.7% of adult patients received "maximum" level of improvement.

4) Ear Infection: A Retrospective Study Examining Improvement from Chiropractic Care and analyzing influencing factors. Froehle RM J Manipulative Physiol Ther 1996 (Mar-Apr); 19 (3): 169-177

- This was a study of forty-six children aged 5 years and under in a private practice in a Minneapolis suburb. All care was done by a single chiropractor, who adjusted the subluxations found and paid particular attention to the cervical vertebrae and occiput. Sacral Occipital Technique-style pelvic blocking and the doctor's own modified applied kinesiology were also used. Typical care was three adjustments per week for one

week, then two adjustments per week for one week, then one adjustment per week. Interestingly, children with a history of past antibiotic use was associated with a less favorable outcome. From the abstract: "93% of all episodes improved, 75% in 10 days or fewer and 43% with only one or two treatments. Young age, no history of antibiotic use, initial episode (vs. recurrent) and designation of an episode as discomfort rather than ear infection were factors associated with improvement with the fewest treatments. Improvement was based on parental decision (they stated that the child had no fever, no signs of ear pain, and was totally asymptomatic), and/or the child seemed to be asymptomatic to the treating DC and/or the parent stated that the child's MD judged the child to be improved.

5) Allergy airway disease and otitis media in children. Todd NW, Feldman CM, *Int J Pediatr Otorhinolaryngol* 1985 (Oct); 10 (1): 27-35

- Musculoskeletal eustachian tube dysfunction is an important etiological factor for otitis media. The eustachian tube dysfunction manifests primarily by poor ventilation from the nasopharynx to the middle ear, by allowing negative pressure in the middle ear.

6) A feasibility study of chiropractic spinal manipulation versus sham spinal manipulation for chronic otitis media with effusion in children. Sawyer CE, Evans RL, Boline PD, Branson R, Spicer A. *J Manipulative Physiol Ther* 1999 (Jun); 22 (5): 292-298

- A pilot study was undertaken for the purpose of assessing the feasibility of conducting a full-scale randomized clinical trial investigating the efficacy of chiropractic spinal manipulative therapy (SMT) for children with chronic otitis media with effusion.
- Recruitment for a randomized controlled trial is feasible and could be enhanced by medical collaboration. Patients and parents are able and willing to participate in a study comparing active SMT and placebo SMT. Parents were extremely compliant with the daily diaries, suggesting that similar quality-of-life and functional status measures can be successfully used in a larger trial. We found the objective outcomes assessment involving tympanometry and otoscopy extremely challenging and should be performed by experienced examiners in future studies.

7) Blocked atlantal nerve syndrome in babies and infants. Gutman G. *Manuelle Medizin* (1987) 25: 5-10

- From the abstract: Three case reports are reviewed to illustrate a syndrome that has so far received far too little attention, which is caused and perpetuated in babies and infants by blocked nerve impulses at the atlas. Included in the clinical picture are lowered resistance to infections, especially to ear-, nose-, and throat infections."

8) Diagnosis and treatment of TMJ, head, neck and asthmatic symptoms in children. Gillespie BR, Barnes JF, *Cranio*. 1990 (Oct); 8 (4): 342-349

- From the abstract: "Pathologic strain patterns in the soft tissues can be a primary cause of headaches, neck aches, throat infections, ear infections, sinus congestion, and asthma."

9) Structural normalization in infants and children with particular reference to disturbances of the CNS. Woods RH *J Am Osteopath Assoc*. 1973 (May); 72 (9): 903-908

- Post-traumatic epilepsy, allergic problems, otitis media and dizziness have been relieved by cranial manipulation

10) The role of the chiropractic adjustment in the care and treatment of 332 children with otitis media. Fallon, JM. Journal of Clinical Chiropractic Pediatrics Vol 2, No. 2 1997 p.167-183.

- From the abstract: This pilot study included children from 27 days old to five-years-old, was on the effects of chiropractic adjustments on children with otitis media used tympanography as an objective measure.
- Results: the average number of adjustments administered by types of otitis media were as follows: acute otitis media (127 children) 4 adjustments; chronic/serous otitis media (104 children) 5 adjustments; for mixed type of bilateral otitis media (10 children) 5.3 adjustments; where no otitis was initially detected (74 children) 5.88 adjustments. The number of days it took to normalize the otoscopic examination was for acute 6.67, chronic/serous 8.57 and mixed 8.3. the number of days it took to normalize the tympanographic examination was acute: 8.35, chronic/serous 10.18 and mixed 10.9 days. The overall recurrence rate over a six month period from initial presentation in the office was for acute 11.02%, chronic/serous 16.34%, for mixed 30% and for none present 17.56%.
- Conclusion: The results indicate that there is a strong correlation between the chiropractic adjustment and the resolution of otitis media for the children in this study. Note: 311 of the 332 had a history of prior antibiotic use. 53.7% of the children had their first bout of otitis media between the ages of 6 months and 1 year and a total of 69.9% of the subjects in the study had their first bout of OM under a year of age. This is consistent with the findings of others

11) Chiropractic correction of congenital muscular torticollis. (Child also presented with repeated ear infections) Toto BJ. J Manipulative Physiol Ther 1993 (Oct); 16 (8): 556-559

- A 7-month-old male infant with significant head tilt since birth was brought to a chiropractic physician for evaluation. The infant's history included ear infections, facial asymmetry and regurgitation. Significant spasm of the left sternocleidomastoid and trapezius muscles, a left lateral atlas and suboccipital joint dysfunctions were present upon examination. A diagnosis of congenital muscular torticollis was made. INTERVENTION AND OUTCOME: Treatments included chiropractic manipulation, trigger point therapy, specific stretches, pillow positioning and exercises. Excellent results were obtained.
- CONCLUSION: Suggests that chiropractic intervention is a viable treatment option for congenital muscular torticollis. Further studies should be performed to compare the effectiveness of other treatment options.

12) Correlation between clinical course and otitis media purulenta chronica and tonicity of autonomic nervous system. Muminov AI, Karimov Khla, Khakimov AM, Arifov SS. [Article in Russian] Vestn Otorinolaringol. 1999; (3): 33-34

- The study of the autonomic status of the body in 38 patients with different forms of chronic purulent otitis media (CPOM) has demonstrated that patients with exacerbation or complication of CPOM were for the most part sympathotonics and normotonics. The former had more persistent disease with more frequent recurrences.

Chiropractic for Chronic Ear Infections

More and more parents are beginning to look to chiropractors to complement their children's health care. Chiropractic care involves diagnosing spinal misalignments and correcting them by adjusting the spine. A slight pressure is most commonly used with children rather than the more forceful manipulation sometimes used with adults. Chiropractors attempt to get to the root cause of a health problem rather than just treat the symptoms. Misalignments of the spine (also called subluxations) can occur during childbirth, from tumbles or falls, or from any other normal activity. Chiropractors maintain that misalignments left untreated can irritate the nerves and eventually disrupt the body's ability to function properly. The purpose of a chiropractic adjustment is to help to restore the normal functioning of the nervous system so the body can heal itself without the use of drugs or surgery.

Ear Infections and Chiropractic

Ear pain is the number one reason for child visits to chiropractors. Many chiropractors believe that there is a strong link between the birthing process and recurrent ear infection, also known as otitis media. During the birthing process, cervical (neck) vertebrae can become misaligned, disrupting nerve function, which can affect the eustachian tube. This may lead to fluid buildup in the middle ear and cause otitis media.

Ear infection or otitis media accounts for over 35% of all pediatrician visits in the United States. Antibiotics, the usual treatment, are not always effective and may even lead to a recurrence of ear infections. Many children are dealing with a continuing cycle of repeat ear infections, which lands them back at the pediatrician for more antibiotics. For nearly 100 years, the chiropractic profession has claimed that ear and other upper respiratory infections respond favorably to chiropractic adjustments, though there has been little research done to support this claim.

A promising study published in the *Journal of Clinical Chiropractic Pediatrics* now indicates that there is a strong correlation between chiropractic adjustments and the resolution of ear infections. 332 children with chronic ear infections participated in the study. Each child, ranging in age from 27 days to 5 years, was given a series of chiropractic adjustments. The results show that close to 80% of the children did not experience another ear infection within the six-month period following their initial visits. The six-month period included maintenance treatments every four to six weeks. Joan M. Fallon, D.C., the author of the study and the chiropractor who treated the children in the study, states that this pilot study can serve as a starting point from which the chiropractic profession can

begin to examine its role in the treatment of children with chronic ear infections. She asserts that large-scale clinical trials need to be undertaken in the field.

Side Effects of Chiropractic

Even though this study is not definitive and more scientific research needs to be done in this area, chiropractic treatment is a conservative, drugless approach to consider trying if your child has a history of chronic ear infections. Under normal circumstances, chiropractic adjustments are painless and will not hurt your child. There are no invasive procedures and chiropractors do not use drugs that can have harmful side effects.

Serious side effects from spinal adjustments appear to be rare. A recent article in Integrative Medicine reported the low risk of serious complications from neck and low back adjustments. According to the literature review, the estimated risk for serious complications from neck adjustments is 6.39 per 10 million adjustments. For low back adjustments, it is 1 per 100 million adjustments.

Pediatric Chiropractic Care

Some chiropractors belong to the International Chiropractors Association's (ICA) pediatric council and take regular continuing post-graduate courses in pediatrics. ICA points out that chiropractic is meant to complement, not replace, traditional pediatric care and chiropractors are trained to make referrals to pediatricians when necessary. So in creating your child's holistic health care team, consider chiropractic as a safe, non-invasive addition.

References:

Fallon JM. The Role of the Chiropractic Adjustment in the Care and Treatment of 332 Children with Otitis Media. *Journal of Clinical Chiropractic Pediatrics*. 1997; Volume 2, No. 2:167-183.

Coulter ID. Efficacy and Risks of Chiropractic Manipulation: What Does the Evidence Suggest? *Integrative Medicine* 1998;1:61-66.

Breastfeeding Protects Against Ear Infections

Your breastfed child will not only have fewer ear infections, but protection against other infections. Breastfeeding provides protection against diarrhea, gastrointestinal and respiratory infections; in fact, infections of every kind.

But please don't take our word for it. You can follow our references for such journals as the "American Journal of Public Health", the "American Journal of Epidemiology", the "Journal of Pediatrics", the "Journal of Infectious Diseases" and more.

Preceding the references is a review of a study on Breastfeeding and Ear infections produced by the medical journal: "Infectious Diseases in Children."

Breast Milk and Ear Infections

courtesy of 'The Compleat Mother', Winter 1996

It's well known that breastfeeding, especially for the first four months of an infant's life, is associated with fewer ear infections. But is that due to the breast milk itself, or is it because of some difference between the way breast-fed and bottle-fed infants nurse?

It has been theorized that something about the way breast-fed infants nurse helps keep the ears' eustachian tubes functioning more effectively, protecting the ears against infection. But a new study of 315 infants who were fed breast milk from a bottle shows that these infants had fewer ear infections than infants who got formula from a bottle.

Conclusion: it's not just the mechanics of breast feeding but something in the breast milk itself that helps protect against ear infections, says the medical journal Infectious Diseases in Children.

Otitis Media (infection of the middle ear)

Otitis Media is the most frequent diagnosis recorded for children who visit physicians for illness. Two out of three children under the age of 3 experience at least one episode of acute otitis media. An inner ear infection is the most common cause of hearing loss in children.

The infection is most often caused by bacteria, although in some cases, it is viral. Breastfeeding has been shown to prevent otitis media in children. Some researchers suggest this is because when a mother breastfeeds her child, she passes immunities to her baby that help prevent otitis media.

Researchers from the State University of New York's School of Medicine and Biomedical Sciences revealed how exclusively breastfed children have a decreased risk of otitis media in a study published in October 1997.

More than 300 infants were included in the study, in which physical examinations were done and information about the exclusiveness of breastfeeding, parental smoking, day care attendance and family history of ear infections was collected.

The researchers found that the incidence of first ear infections for infants between six and 12 months of age increased from 25 percent to 51 percent for those exclusively breastfed. The incidence for formula-fed infants of the same age increased from 54 percent to 76 percent.

Peak incidence of acute otitis media and otitis media effusion (when pus is discharged from the inner ear) was inversely related to rates of breastfeeding beyond three months of age.

Infants who were exclusively formula fed had a twofold elevated risk of first episodes of inner ear infections compared to infants who were exclusively breastfed for at least six months. The researchers found that formula-feeding was the most significant predictor of inner ear infections, although the amount of time spent at day care was also a risk factor.

Because inner ear infections often result from upper respiratory infections, and children who spend time in day care often get more upper respiratory infections, day care children contract a lot of inner ear infections.

The ultimate conclusion made by the researchers was that breastfeeding, even for short durations (three months) reduced the onset of otitis media episodes in infancy.

Other Research

A 1990 study on the risk factors for recurrent acute otitis media and respiratory infection in infancy found that short durations of breastfeeding is a significant risk of recurrent middle ear infections.

Source: Alho, O., "Risk Factors for Recurrent Acute Otitis Media and Respiratory Infection in Infancy". *INT J PED OTORHINOLARYNGOLOGY* 1990; 19:151-61

A 1989 study determined that male gender, sibling history and a lack of breastfeeding significantly increased the risk for acute otitis media.

Source: Teele, D.W., "Epidemiology of Otitis Media During the First Seven Years of Life in Greater Boston: A prospective, Cohort Study". *J of INFEC DIS.* 1989.

A Swedish study done in 1994 found non-breastfed children ages 2, 6 and 10 months had significantly more episodes of inner ear infections than breastfed children of the same age.

Source: Aniansson, G et al. "A prospective cohort study on breastfeeding and otitis media in Swedish Infants". *Pediatr Infect Dis. J.* 1994; 13; 183-88

Antibiotics for an ear infection lead to... more ear infections

Jul 6, 2009 10:59 AM

Ear infection In a survey done nearly 10 years ago, half of all pediatricians said they were regularly pressured by children's parents to prescribe unnecessary antibiotics. What's more, a third said they sometimes caved, writing scripts simply because of parental demands.

It would be interesting to know if things have changed. Doubtless parents still want the best for their children, but there's been plenty of publicity about dangerous, hard-to-treat infections caused by antibiotic-resistant bacteria, and how these dangerous strains are created partly by overuse of antibiotics.

There have also been many attempts to explain to the public that antibiotics are often of limited use for everyday illnesses, have side effects, and contribute to the wider problem of treatment-resistant infections.

New research published in the BMJ gives even more reasons to be cautious about giving antibiotics to children. In the study, 168 children had been randomly given antibiotics or a placebo for an ear infection. Three years later, the researchers asked the children's parents how many more ear infections the children had suffered.

If children had taken antibiotics, there was a 63 percent chance they'd had at least one subsequent infection. The risk was only 43 percent for children who'd been given an inactive placebo.

The researchers think that antibiotics might kill off some of the weaker bacteria causing a child's infection, leaving more space for tougher, antibiotic-resistant bacteria to grow. Another theory is that killing bacteria with antibiotics means less work for a child's immune system, leading to weaker protection from infections in future.

We do know that antibiotics help ear infections clear up slightly more quickly, but for an illness that almost always goes away without treatment, it's reasonable to weigh the benefits against the risks. As a compromise, doctors sometimes write a script for antibiotics and suggest parents wait a few days before using it. That way, if your child gets better, you don't have to use treatment. If your child gets worse, you can pick up the antibiotics without needing to see your doctor again.

Chiropractic and Ear Infections

Written on October 5, 2010 by Dr. John G. Vilkelis, D.C. in Healthcare



An enormous number of children experience otitis media (ear infections) and the recurrence rate for these children is as high as 96%. There are many different approaches to treating ear infections that may be provided by as many different types of practitioners. The reason there are so many treatments is because of the relative failure of the medical community to resolve this problem.

Ear infections account for approximately 35% of the visits to the pediatrician's office. The medical approach has been for many decades to prescribe antibiotics for each and every ear infection that sometimes might mean up to 25 rounds of antibiotics on one year for an individual child. A few years ago the American Academy of Pediatrics (AAP) changed its policy and does not recommend antibiotics for most ear infections. The AAP states that approximately 90% of children ages 6 mos to 4 years will experience an ear infection. They still recommend antibiotics but do not give them as a blanket treatment. If a pediatrician is unsuccessful in treating the OM (otitis media) they may recommend putting "tubes" in the child's ear. I don't recommend this, there are many complications that can derive from Eustachian tubes and I would try everything else before subjecting my child to surgery and the long term discomfort of the tubes.

The chiropractic approach centers on upper cervical adjustments of the spine and occiput. Dr. Joan Fallon, a chiropractor, published a study in 1997 that showed after chiropractic treatment, children had a 15% recurrence rate after six months; that's an 85% cure rate! Dr. Fallon performed another study around 2002 with my children's pediatrician's office. The children had multiple ear infections and multiple rounds of antibiotics. In the study, the pediatrician referred one child to the chiropractor and the next child received antibiotics. The results were similar to the original study however, the antibiotic group had a 90% recurrence rate after six months and the chiropractic group had a 15% recurrence rate.