

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Joseph Baker

Eliminate Ear Infections

It often starts as a dull ache or an itching sensation inside the ear canal, leading little ones to tug and pull on their ears. The next thing you know, excruciating pain suddenly turns your child's sunny disposition stormy. In addition to tears and crankiness, children may exhibit an impaired sense of balance and run a fever. Fortunately, Dr. Baker can help.

What Is AOM?

Acute Otitis Media (AOM) — commonly known as middle ear infection — is a serious health issue, one as stubborn as crabgrass. Just when you think you've got it under control, it returns: often with a vengeance. According to scientific studies, "recurrent acute otitis media occurs during the first several years of life in approximately 20 to 30 percent of the pediatric population." (*Pediatr Infect Dis J* 2000;19:911-6.)

AOM is most often a secondary development to an upper respiratory infection. In addition to the symptoms listed above, nausea, vomiting and diarrhea may accompany AOM.

The mechanics of AOM are really quite simple: Bacteria from the upper respiratory infection migrate to the ear — causing the tissues to swell. This, in turn, blocks openings within the ear and inhibits drainage of fluid from the Eustachian tube that can lead to additional swelling and inflammation.



Why are incidences of ear infection so much more prevalent in children than in adults? The reason is physiology. In adults, the ear canal (Eustachian tube) is located at a 45-degree angle. The tube is horizontal at birth, however, and remains so until the child matures.

To see how much difference this change in angle makes, put some water in a straw while holding the tip of your finger over the drainage end. Still holding your finger over the end, tip the straw back horizontally and hold the straw in the center. You'll notice that a little of the water will remain as a "puddle" in the center of the straw. But tip the straw to a 45-degree angle, and that puddle will disappear.

Practice Prevention & Shy Away From Antibiotics

As a holistic health-care provider, Dr. Baker doesn't believe in writing prescription after prescription for drugs that, more often than not, fail to completely subdue the infection and do nothing to prevent future flare-ups. Instead, Dr. Baker suggests parents focus on prevention.

A member survey conducted by the American Academy of Pediatrics in 1994 revealed that 70 percent of the group's pediatricians said they would "begin otitis media treatment, in an otherwise healthy young child, with antibiotic therapy, continuing for 20.8 days." However, this practice flies in the face of an abundance of research



showing that most children do not require antibiotics at the first sign of AOM.

According to the American Chiropractic Association, there are 10 million new cases of ear infection diagnosed each year "accounting for more than 35 percent of all pediatric office visits.

"Standard treatment for most cases of otitis media is with antibiotics, which can be effective if the culprit is bacterial (antibiotics, of course, do nothing to fight off viruses). But, according to many research studies, antibiotics are often not much more effective than the body's own immune system. And repeated doses of antibiotics can lead to drug-resistant bacteria that scoff at the drugs, while leaving the child screaming in pain."

Researchers in Sweden have found that antibiotics used to treat these bacterial infections "often wipe out beneficial bacteria that would otherwise compete with, or even kill, the pathogens." (*Science News* 2001;159:68.)

Even if antibiotics clear up AOM, your child may simply have traded one illness for another. Side effects associated with antibiotics include nausea, vomiting, diarrhea and yeast infections. Continued use of antibiotics can also reduce their effectiveness and require the use of stronger and stronger versions.

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Chiropractic and AOM

This chiropractic office is committed to helping patients adopt the **chiropractic lifestyle**, a nondrug way of life that focuses on preventing health problems — such as ear infections — rather than merely masking symptoms with medication. This lifestyle centers on the correction of dysfunctional areas in the spine called **vertebral subluxations**. This common condition occurs when spinal movement is restricted or spinal bones (vertebrae) become misaligned. Vertebral subluxations are linked with a myriad of health concerns, such as carpal tunnel syndrome, headaches, backaches, infantile colic and ear infections.

Doctors of chiropractic correct vertebral subluxations with safe and gentle maneuvers called **chiropractic adjustments** (also known as **spinal manipulation**). A recent article in the *Archives of Pediatric and Adolescent Medicine* supports spinal manipulation as a safe and effective way to quell AOM.

After conducting an extensive study of children with AOM, researchers stated that spinal manipulation resulted in “fewer episodes of otitis media, fewer surgical procedures, and more surgery-free months compared with children who received usual care.” (*Arch Pediatr Adolesc Med* 2003;157:861-66.)

Pediatric adjustments are as safe as they are effective. Doctors of chiropractic adjust the amount of pressure and technique to match the age and weight of each child.

In a study of 46 children, all under the age of 5, 93 percent recovered with chiropractic intervention alone. “This study’s data indicate that limitation of medical intervention and the addition of chiropractic care may decrease the symptoms of ear infection in young children.” (*J Manipulative Physiol Ther* 1996;19:169-77.)

Many doctors theorize that Eustachian tube blockage occurs when a tiny muscle, the *tensor veli palatini*, loses its functionality. This muscle is stimulated by nerves that can be traced back to the spinal cord (in the upper neck).

Spinal subluxations may interfere with nerve flow to this muscle. By correcting dysfunctions in the spine, proper nerve flow to the tensor veli palatini will be restored and allow the Eustachian tube to drain properly — without tympanostomy surgery.

To Tube or Not to Tube ...

For chronic cases of AOM, tympanostomy tubes are often surgically inserted into a child’s ear canal: a process that, in most cases, must be repeated several times. How much these tubes really help is a matter of debate in the health-care community.

Designed to assist in the drainage of fluid, ear tubes may also provide a channel for water to flow from the ear canal into the middle ear. “That’s why many doctors recommend a child with tympanostomy tubes avoid submerging his head under water.” Taking all the fun out of swimming and bathing! (*Archives of Otolaryngology-Head & Neck Surgery* 98:1118-21).

A study of 429 children, under the age of 3 years, found no significant difference between those who underwent tympanostomy-tube surgery and those who didn’t. “Children can have ear fluid and hearing loss for more than three months without having any measurable effects on development during the first three years of life. If most doctors follow the results of this study, it will mean that a fair number of children can be spared having tubes put in their ears, and their parents and doctors won’t have to worry that the children will suffer developmental delays because of the decision to avoid that surgery.” (*Child Health Alert* 2001:4.)

Don’t Expose Baby to Cigarette Smoke and Do Breastfeed

A study of 355 youngsters showed

that children exposed to cigarette smoke had a higher incidence of tympanostomy surgery than children who were raised in a smoke-free environment. “Infants who were in day care, regularly exposed to passive tobacco smoke, and formula fed had the highest rate of tube placement, 22 percent,” according to Dr. David P. McCormick, professor of pediatrics at the University of Texas Medical Branch in Galveston. “Infants who were not in day care, had no smoke exposure, and were breast-fed had the lowest rate, three percent. Infants exposed to only one or two of these risk factors had an intermediate risk for tube placement.” (*Family Practice News* 1999;29:53.)

Long-Term AOM Dangers

AOM is a serious condition that, left untreated or improperly treated, can lead to hearing loss. If you suspect your child has an ear infection, contact your doctor of chiropractic and make an appointment for a full examination.

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You Can Prevent AOM!

- ☉ Avoid using pacifiers.
- ☉ Teach children to blow their noses gently.
- ☉ Breastfeed.
- ☉ Avoid giving juice or milk before bed; choose water instead.
- ☉ Don’t allow water to pool in a child’s ear after swimming or bathing.
- ☉ Never insert objects *into* the ear — including cotton swabs.